## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1-15**, **2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR					Varsian 9/03	
FEDERAL ASSISTANCE		2. DATE SUBMITT	ED	Applicant Id	entiller	
1. TYPE OF SUBMISSION:		3. DATE RECEIVE	D BY STATE	State Applic	sation identifier	
Application Preapplic				J		
	struction	4. DATE RECEIVE	d by Federal Agen	l©'r' — frechanal idea	n. '®r	
Non-Construction Non-	Construction					
5. APPLICANT INFORMATION	Parameter Institution - Accounts	South S. A. Branch Street	Organizational Un	lt:		
* Legal Name: Foudbank of Santa Barbs	ara County	CEIVED	Department		- IR (4): 1203: NASCIO 1 1: U 0	
*Organizational DUNS: 1715541	40	N 1 5 2005	Dylalon:			
Address:		MERCHAN	Name and telephone	number of person	to be contacted on matters involving	
*Street1: 4554 Hallister Avenue	STATE (	CLEARING HOUS	the application (give	area code)		
Strest2;			Pionx; Ms.	First Name: N	licolo	
* City: Santa Barbara C	County Sonia Ba	Irbara County	Middle Name:			
"Sinie: CA "Zip Code: 931			Last Name: Ando			
	]	nuy USA	Suffix	- Email: nand	onov@foodbankabc.org	
6. * EMPLOYER IDENTIFICATION NUMBER	=K (EIN):		* Phone Number (giv		ak Number (give area code)	
77-0169214			(805) 967-5741 × 10		805) 583-4951	
8, TYPE OF APPLICATION:	T. Bautalaa		7. TYPE OF APPLICANT: Julian (Other than Inatitution of F			
Now Continuation	Revision		Other (specify)			
If Revision, enter appropriate letter(a) in box(c.  A. increase Award    G. Docrease Award    C. in	oa) Icresee Duration		8. NAME OF FEDE	RAL AGENCY:		
D. Dodrouse Duration Other (specify):		,	Administration for Ch		2	
10. CATALOG OF FEDERAL DOMESTIC	ASSISTANCE	03,571	M*			
f=====================================			11. DESCRIPTIVE			
TITLE: Community Services Black Grant Disc	cretionary Awards_C	ommunity I-Dog and P	Building the Mobile	Food Pantry Prog	ram's Cepacity	
12. " AREAS AFFECTED BY PROJECT	(Citos, Countres, States, o	mul:				
Countles						
13. * PROPOSED PROJECT:		1	14. * CONGRESSIC	NAL DISTRICTS	OF:	
* Sizirt Data	* Ending Date		* a. Applicant		* b. Project	
07/01/2005	06/30/2008		24		23 and 24	
15. * ESTIMATED FUNDING:			16 IS APPLICATIO	N SUBJECT TO R	EVIEW BY STATE EXECUTIVE	
* a. Federal s	33,000	0.00	ORDER 12372 PRO	CESS?		
* b. Applicant s		0.00			CATION WAS MADE AVAILABLE TO PROCESS FOR REVIEW ON:	
* c. Sinto s		0.00	₩ YES	DATE 08/15/		
ad, Local 5	(a) - 4	0.00		M IS NOT COVERE		
	5,000				EN SELECTED BY STATE FOR REVIEW	
		0,00			T ON ANY FEDERAL DEBT?	
g. TOTAL s	38,00			i," altach an exple		
18, * To the best of my knowledge and beli governing body of the applicant and the	ef, all data in this / applicant will comf	APPLICATION PREAPPLI PLY WITH THE ATTACHE	CATION ARE TRUE AND GO D ASSURANCES IF THE AS	rrect. The Docum Sistance is Award	int had been puly authorized by the ed.	
a. Authorized Profix:	First Name: N	cole	M	ddle Name		
Ropresentative Last Name: Andon	av				Sutflx:	
- b. Titia: Grants Administrator	· · · · · · · · · · · · · · · · · · ·	- c, Tal	ephane Number (give a	rea code): (805)	987-5741 ×102	
* Empli: nandonov@foadbankabc.org		Fax Nu	mbor (givo area codo):	(805)	883-4951	
d. Signature of Authorized Representative;	Morale		My out o. I	Dato Signad: 2	wey land oned ones	

Fax: 5305508881

APPLICATION FOR				10	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED June 15, 2005		Applicant Ider	The state of the s
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal (denti	fler
Non-Construction	Non-Construction				
6. APPLICANT INFORMATION Legal Name:			Ó-cantantanal Un	4.	
Truckee Tahoa Seniors Council			Organizational Uni	IX.	
Organizational DUNS:			Administration Division:		
360990209					
Address: Street:			involving this app	ne number of pe lication (give are	raon to be contacted on matters as code)
10040 Estates Drive / P.O. Box	4152 (Mailing)		Prefix:	First Name: Melanie	
City: Truckee	*		Middle Name Ross		
County: Neveda			Last Name Kauffman	A Pittiti and a second	
Stale: California	Zip Code 96161		Suffix:		dumma •• —
Country:			Email:		· · · · · · · · · · · · · · · · · · ·
6. EMPLOYER IDENTIFICATION	N NUMBER (E/N):		ttscmk@sbcglobal. Phone Number (give		Fax Number (give area code)
66-0484075	]		(530) 550-7600	•	(530) 587-0408
8. TYPE OF APPLICATION:	J	V	7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)
Z Nay		n 🖺 Revision	0		
If Revision, enter appropriate left (See back of form for description	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDE		, Admin. for Children & Families
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	<u> </u>		CANT'S PROJECT:
TITLE (Name of Program):  12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	9 3 - 5 7 1 s, States, etc.):	effective and integr	hening community ated community t a low-income eld	Service Integration Pierr will build y partnerships and develop an nealth network to improve the erly population participating in the
Truckee/Tahoe region in Easter	n Placer and Nevada Co	ounties, California	:		
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSIÓ	NAL DISTRICTS	OF:
July 1, 2005	June 30, 2006		4th District		4th District
15. ESTIMATED FUNDING:	•		16. IS APPLICATION ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE
a. Federal \$		44,591	A VAC IZE THIS P	REAPPLICATION	VAPPLICATION WAS MADE
b. Applicant \$		w	AVAIL	SS FOR REVIE	ATE EXECUTIVE ORDER 12372 WON
c. State \$	***	<u>, w</u>	DATE.	June 15, 2005	
d. Local \$		.00	b. No. III PROGE	RAM IS NOT CO	/ERED BY E. Q. 12372
e. Other \$		62,665	OR PR		T BEEN SELECTED BY STATE
f, Program Income \$		02,000	17. IS THE APPLIC	EVIEW ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL, \$		107,256	Yes if "Yes" atte		
18. TO THE BEST OF MY KNO DOCUMENT HAS SEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	, ALL DATA IN THIS API	PLICATION/PREAPP	LICATION ARE	TRUE AND CORRECT. THE
a. Authorized Representative Prefix Ms.	First Name		halde	lle Name	
Last Name	First Name Melanie		Ro	<u> </u>	
Kauffman b. Title			Suffi		· ·
Executive Director			(630	elephone Number 0) 550-7600	(give area code)
d. Signature of Authorized Rep.	Se Kou	This	P.D	le Signed	2005
Authorized for Local Reproduction					Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR				· · · · · · · · · · · · · · · · · · ·	Version 7/
FEDERAL ASSISTANCE		2. DATE SUBMITTED 15 June 2005		Applicant ide	ntifler
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applica	tion Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGE	ENCY   Federal Ident	ifor
Construction	Construction	- CALL RECEIVED DI	FEDERAL AGE	CIACA Pederal Ident	MISL
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				***************************************
Legal Name:			Organization	el Unit:	
North Coast Opportunities, Inc.			Department: Community Ac	ction Division	
Organizational DUNS: 089187264	V\		Division:		
Address:			Name and tel	ephone number of pe	erson to be contacted on matters
Street: 413 North State Street	/ RE		involving this	application (give are	ea code)
	/ ' ' '	CEIVEN	Prefix:	First Name: Patty	
City: Ukiah	JUI	V 7 -	Middle Name		,
County: Mendocino	STAT	CEIVED	Last Name Bruder		
State: California	Zip Code A E CL	EARING HOUSE	Suffix:	4   No.	. ,
Country: USA		- TOUSE	Emall:		
8. EMPLOYER IDENTIFICATIO			Phone Number	r (give area code)	Fax Number (give area code)
94-1671958			(707) 462-259		(707) 482-0191
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)
Nev If Revision, enter appropriate lett	v Continuatio	n F Revision	1	ofil Organization	,,
(See back of form for description	of letters.)	П	Other (specify)		
Other (specify)			9. NAME OF F	EDERAL AGENCY:	, Offices of Community Services
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:		TIVE TITLE OF APPLI	
		as esa		stration Gardan Projec	- · ·
TITLE (Name of Program):		93-571		· · · · · · · · · · · · · · · · · · ·	•
Community Food and Nutrition F		7			
City of Willias	JJEG I (Cities, Counties	s, States, etc.):			
13. PROPOSED PROJECT					
Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	OF: b. Project
1 October 2005	30 September 2006		First		First
15. ESTIMATED FUNDING:			16. IS APPLIC	ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a, Federal \$			ORDER 12372	PROCESS? IIS PREAPPLICATION	I/APPLICATION WAS MADE
b. Applicant \$		50,000	AV	'AILABLE TO THE ST/	ATE EXECUTIVE ORDER 12372
		32,674	PR	OCESS FOR REVIEW	VON
c. Slate \$		,ao	DA	TE: 15 June 2005	
d. Local \$		,uc	b. No. 177 PR	OGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		- OU	Ŭ OR	PROGRAM HAS NOT R REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$		ud	17. IS THE API	PLICANT DELINQUE	T ON ANY FEDERAL DEBT?
g. TOTAL \$		82,674	☐ Yes If "Yes"	attach an explanation,	. 🗵 No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF,	ALL DATA IN THIS APPL	ICATION/PREA	APPLICATION ARE T	BUE 4415
ATTACHED ASSURANCES IF T	AUTHURIZEU BY THE (	SOVERNING RODY OF T	HE APPLICANT	AND THE APPLICAN	NT WILL COMPLY WITH THE
a Authorized Representative Prefix Ms.	First Name	-		Alddla Na	
Ms. Lasi Name	First Name Dianne			∕ilddle Name E.	
Lawrence				Suffix	10.
D. Title Executive Director				: Telephone Number ( 707–467-3238	give erea code)
d. Signature of Authorized Repres	entative VAII	Lence	9	. Date Signed 13 June 2005	
Previous Edition Usable	· · · · · · · · · · · · · · · · · · ·			IV VUITE ZUUS	

APPLICATION FOR						Version 9/03
FEDERAL ASSISTA	NCE	2. DATE SUBM	ITTED	Applica	ant Identifier	
1. TYPE OF SUBMISSION:		06/14/2005				
Application	Preapplication		VED BY STATE	State A	pplication Identifier	
Construction	Construction	06/14/2005				7
Non-Construction	Non-Construction	4. DATE RECEI	VED BY FEDERAL A	GENCY Faciliara	) Cerutary	
5. APPLICANT INFORMATION			Organizational	Unite		
Legal Name: Community Ac	ction Commission of Santa	Barbara County				
" Organizational DUNS:	098367178	Darbara County	Department: Division:	Nutrition Services		
Address:						
* Street1: 5638 Hollister Ave.,	Suite 230	7	this application (s	one number of pers live area code)	son to be contacted on m	atters involving
Street2:			Prefix: Ms.	" First Name:	Elizabeth	
* City: Goleta	County Santa	Barbara	Middle Name:			
*State: CA Zip C			* Last Name: R	odriguez		
6. * EMPLOYER IDENTIFICATIO		puntry USA	Suffix:	* Email:   ero	odriguez@cacsb.com	
95-2491790	1	DEOF	Phone Number (	give area code)	Fax Number (give area	code)
8. TYPE OF APPLICATION:		RECEIV			(805) 683-5872	
☑ New ☐ Continuation		JUN 1 4 20	7. TYPE OF APE	PLICANT: ation (C	Other than Institution of F	
If Revision, enter appropriate letter()  A. Increase Award  B. Decrease Award		ATE OLEADA		- 16-		
D. Decrease Duration Other (Specify):	C. Increase Duration 51	CLEARING	OUSNAME OF FE	DERAL AGENCY:		
		-	Administration for	Children and Famil	ies	
10. CATALOG OF FEDERAL DON TITLE: Community Services Block G		93.571			ICANT'S PROJECT:	
12. AREAS AFFECTED BY PRO			Santa Maria Com	munity Kitchen		
Northern Santa Barbara County	JECT (Cities, Counties, States,	erc.):				
13. * PROPOSED PROJECT:				· · · · · · · · · · · · · · · · · · ·		
* Start Date	7. Fadia - A.		14. * CONGRESSI	ONAL DISTRICTS	OF:	
06/30/2005	* Ending Date 12/31/2005		a. Applicant		* b. Project	
5. FESTIMATED FUNDING:	12/3 (/2005		23		23, 24	
a. Federal	20000		16. IS APPLICATION	N SUBJECT TO F	REVIEW BY STATE EXE	CUTIVE
b. Applicant	\$ 50,000		ORDER 12372 PRO a. YES. THIS PREAL	PPLICATION/APPLIC	CATION WAS MADE AVAIL	ARIETO
c. State	\$ 868,120	.00	- TIL STATE EXECU	TIVE ORDER 12372	PROCESS FOR REVIEW	ON:
d. Local	s [		✓ YES	DATE 06/14/		
e. Other	\$		1	AM IS NOT COVERE		
f. Program Income	5				EN SELECTED BY STATE	1
TOTAL	\$ 708,120	///	7		ON ANY FEDERAL DE	BT?
. TO THE BEST OF MY KNOWLEDGE AN OVERNING BODY OF THE APPLICANT AN				RRECT THE DOCUME		₩ No
A. Authorized Prefix:			ASSURANCES IF THE AS	SISTANCE IS AWARDE	NI HAS BEEN DULY AUTHOR D.	IZED BY THE
epresentative	First Name: Fran	<u> </u>	Mi	ddle Name		
b. Title: Executive Director					uffix:	
Email: fforman@cacsb.com			hone Number (give a		64-8857, Ext. 154	
Signature of Authorized Representa	ative: Complete		ber (give area code):		83-5872	
evious Edition Usable	Complete	d on submission to G	rants.gov e. D	ate Signed: Comp	oleted on submission to C	Grants.gov
Inorized for Local Reproduction	year 1			6/14/0	Standard Form	424 (Rev. x-xx)

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE	<b>=</b>	2. DATE SUBMITTED		Applicant Identif	ler
TYPE OF SUBMISSION:		June 13, 2005 3. DATE RECEIVED BY	STATE	State Application	n Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifie	ЭГ
Construction	☐ Construction	7. DATE RESERVED DI			:
Non-Construction	Non-Construction				
. APPLICANT INFORMATION egal Name:		· \	Organizational Unit	· ·	
San Diego County Water Autho	arity		Department: Water Resources		
	on ty		Division:		
Organizational DUNS: 084241033			N/A		son to be contacted on matters
Address:	THE PERSON NAMED IN A PERSON NAMED IN COLUMN N	as mayo	Involving this appli	cation (give area	code)
Street: 4677 Overland Avenue	RECEIVE		Prefix; Mr.	First Name: Robert	
City: San Diego	JUN 1 4 200	)5	Middle Name R		τ.
County:			Last Name Yamada		
State:	SPOTE BARING F	OUSE	Suffix:		
	92723		N/A Email:		
Country: United States of America			ryamada@sdcwa.o		
. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give	a erea codo)	Fax Number (give area code)
95-600276	7		(858) 522-6744		(858) 266-7661
TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See back	of form for Application Types)
∏ Ne	w R Continuation	on 🔲 Ravision	Special District		·
Revision, enter appropriate le See back of form for descriptio	tter(s) in box(es) n of letters.)		Other (specify)		
Olher (specify)	<b>L</b>		9. NAME OF FEDE United States Envir	RAL AGENCY:	an Agency
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:			CANT'S PROJECT:
TITLE (Name of Program):	DO JECT /Cillon Countie	66-608	SDCWA Regional	Şeewater Desalin	ation Program
12. AREAS AFFECTED BY PI California, County of San Dieg					
	o, Chies of San Diego, C	Mile Visig, Oceanialed, etc	14. CONGRESSIO	NAL DISTRICTS	OF:
13. PROPOSED PROJECT Start Date:	Ending Date:	<u> </u>	a. Applicant		b. Project
October 1, 2005	August 31, 2007		c-48, c-49, c-50, c-	51, c-52, c-53	c-48, c-49, c-50, c-51, c-52, c-53
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal		721,700			N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372
b. Applicant		590,482		ESS FOR REVIE	WON
c. State	•	db .	DATE		
d, Local	5		D. NO. MEA		VERED BY E. O. 12372
e. Other	<b>B</b>	, au	U FOR F	REVIEW	OT BEEN SELECTED BY STATE
f. Program Income		, oa	17. IS THE APPLI	CANT DELINQU	ENT ON ANY FEDERAL DEBT?
g. Torna		1,312,182	Yes If "Yes" at	•	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF	Y AUTHORIZED BY THI	E GOVERNING BODY OF	PLICATION/PREAP THE APPLICANT A	PLICATION ARE IND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a Authorized Representative			jk AL	idle Name	
Prefix Ms.	First Name Maureen		A		
Last Name Stapleton			N/	Α	
b. Title General Manager			(a	Telephone Numbe 58) 522-6781	er (give area code)
d. Signature of Authorized Rep	resentative	Lost	e.	Date Signed (	<u>0-13-05</u>
Previous Edition Usable Authorized for Local Reproduct	lon .	/ /			Standard Form 424 (Rev.9-200 Prescribed by OMB Circular A-1

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d. Signature of Authorized Representative

JUN-14-2005 17:	:04 ARE	A AGENCY ON AGI	NG	86	<b>3</b> 5 477 7312	P.01/01
						Version 7/03
APPLICATION FOR	•	2. DATE SUBMITTED		Applicant Iden	tifier	40191011 1100
FEDERAL ASSISTANCE	-	3. DATE RECEIVED BY	6-16-05	State Applicat	on Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identif	ner	
Non-Construction	Non-Construction					
6. APPLICANT INFORMATION Legal Name:			Organizational U	ait:		
Ventura County	, Area Agenc	v on Aging	Domartes and	enior Nut:	rition	
Organizational DUNS:	1,1,1,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	<u>,                                    </u>	Division:	THE MASS		
020	950007	CONTRACTOR OF THE PARTY OF THE	Name and teleph	one number of pe	rson to be contacte	d on matters
Address: Street:	- RE	CEVED	Involving this ap	plication (give are	a code)	
646 County	/ Square Dr.	Suite 100	Preffx:	First Name:	Susan	
City:	Jt	JN-1 4 2005	Middle Name	A .		
Ventura County:			11.	White	11	1.7
<u> Ventura</u>	Zip Code STATE	CLEARING HOUSE	Suffix:	WILL CE	✓m	
State: CA	93003					
Country: USA	····		Email: susa:	n.white@v	entura.org	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (g	(ebcc sens evi	Fax Number (give a	rea code)
95-500097	1		(805)47	7-7300	(805)477	7312
8. TYPE OF APPLICATION:	1		7. TYPE OF APP	LICANT: (See bac	k of form for Applicat	ion Types)
₩XNe	w Continuation	on 🛭 Revision	0.49	<b>-</b> \		
If Revision, enter appropriate let (See back of form for description	tter(s) in box(es) n of letters.)		8 (Cother (spedify)	ounty)		
		ا ا		ERAL AGENCY:		
Other (specify)					ervices	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIV	E TITLE OF APPL	ervices Cant's project:	
		93-571	Enhanci	ng collab	orative Se	nior
TITLE (Name of Program):	mmunity Foo	F & Nutrition	Nutriti	on outrea	ch network	is that
12. AREAS AFFECTED BY PE	ROJECT (Cities, Countle	es, States, etc.):			and minor	
			seniors	in Ventu	ra County.	•
All of Ventur  13. PROPOSED PROJECT				ONAL DISTRICTS		
Start Date: 9-30-05	Ending Date:	30-06	a. Applicant	rd & 24th	b. Project 23rd	& 24th
15. ESTIMATED FUNDING:		20 00	16. IS APPLICAT	TON SUBJECT TO	REVIEW BY STATE	
			ORDER 12372 P.	ROCESS?	WAPPLICATION WA	
a. Federal	50.000	•	a. Tes.XLX AVAI	LABLE TO THE ST	ATE EXECUTIVE O	RDER 12372
b. Applicant	10,000	<b>, w</b>	PRO	CESS FOR REVIE	M ON	
c. State		·W	DATE	E: 6-15-05		
d. Local			b. No. I PRO	GRAM IS NOT CO	/ERED BY E. O. 123	172
e. Other				ROGRAM HAS NO	T BEEN SELECTED	BY STATE
f. Program Income		- ou	□ FOR	REVIEW	NT ON ANY FEDER	
	) B( <del>***</del>	·		.io.uti DELiitebe		· · ·
g. TOTAL	60,000	•		ttach an explanation		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	E GOVERNING BODY OF	PLICATION/PREAF	PLICATION ARE	TRUE AND CORRE	CT. THE WITH THE
a. Authorized Representative Prefix	First Name		KAI	ddle Name		
	Victo	oria				
Last Name	Jump		Su	max		
b. Title Director, V	entura Coun	ty Area Agen	cy on Aqin	Telephone Number	(give area code) 77-7300	
d. Signature of Authorized Repr				Date Signed		

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38 Version 7/03 **APPLICATION FOR** Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE 08/15/2005 State Application Identifier 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: 06/15/2005 Pre-application Application 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction Construction Non-Construction
5. APPLICANT INFORMATION Non-Construction Organizational Unit Legal Name: Department: Project Angel Food Organizational DUNS: 80-994-5157 Division: RECEIVED Name and telephone number of person to be contacted on matters Address involving this application (give area code) JUN 1 4 2005 Street: 7574 Sunset Boulevard First Name: Prefix: Middle Name City: Los Angeles STATE CLEARING HOUSE Last Name Kimmelman County: Los Angeles Suffix: Zip Code 90046 State: Country (kimmelman@angelfood.org Fax Number (give area code) Phone Number (give area code) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): (323) 845-1800 ext, 238 (323) 845-1818 95-4115863 7. TYPE OF APPLICANT: (See back of form for Application Types) 8. TYPE OF APPLICATION: Continuation Revision 7 New Nonprofit Organization If Revision, enter appropriate letter(s) in box(es) Other (specify) (See back of form for description of letters.) 9. NAME OF FEDERAL AGENCY: Other (specify) Administration for Children and Families 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Nutrition Intake and Counseling for Low-Income People Living with HIV/ 9 3-5 7 1 AIDS and Other Serious Illnesses TITLE (Name of Program): Community Food and Nutrition Program 12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): Los Angeles County, California 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT a. Applicant b. Project Start Date: Ending Date: 22, 24-39, 42, 46 10/01/2005 09/30/2006 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15, ESTIMATED FUNDING: ORDER 12372 PROCESS? THIS PREAPPLICATION/APPLICATION WAS MADE a. Federal 50,000 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON b. Applicant 0 DATE: 06/15/2005 c. State 0 b. No. III PROGRAM IS NOT COVERED BY E. O. 12372 d. Local α OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other 4,398,581 FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income n g. TOTAL Yes If "Yes" attach an explanation. 4.448.581 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a, Authorized Representative Prefix First Name John Middle Name Last Name Gile Suffix c, Telephone Number (give area code) (323) 845-1800 b. Title Executive D d. Signatu resentative e. Date Signed

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## APPLICATION FOR OMB Approval No. 0348-0043 2. DATE SUBMITTED FEDERAL ASSISTANCE Applicant Identifier April 14, 2005 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: City of Lindsay Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) P.O. Box 369 Lindsay, CA 93247 Scot B. Townsend, 559-562-7103 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 4 - 6 0 0 0 3 5 7 С A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University New New Continuation Revision D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: USDA Rural Development 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1 0 6 6 Community Facilities Grant TITLE: Community Facilities Grant First Response Vehicles RECEIVED 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lindsay, Tulare County, California JUN 1 3 2005 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: 21 Start Date STATE CLEARING HOUSE **Ending Date** a. Applicant b. Project 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ USDA 33,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State \$ 04/15/05 DATE d. Local \$ 27,000 General Fund b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income 00 \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. 60,000 √ No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative c. Telephone Number Scot B. Townsend CityManager (559) 562-7103 d. Signature of Authorized Representative e. Date Signed

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4-15-05

FEDERAL ASSISTANC	E	2. DATE SUBMITTED	TTED Applicant Identifier			Version 7/0
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BY STATE State Application Identifier			
Construction	Construction		BY FEDERAL AGENCY	Federal Ident	ifier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:	N	The state of the s	Organizational Unit			
City of Lindsay			Department:	•		
Organizational DUNIC:	212225		N/A Division:			
Organizational DONS. 0	04953261					
Address: Street:			Name and telephone involving this application	cation (give are	erson to be contact ea code)	ted on matters
251 E. Honolulu			Prefix: Mr.	First Name: Scot		
City: Lindsay			Middle Name B.			
County: Tulare			Last Name Townsend	***************************************		
State: CA	Zip Code 93247		Suffix:			
Country: USA			Email:			
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		sbtownsend@lindsay Phone Number (give a		Fax Number (give a	
9 4-6 0 0 0 3 5 7			559-562-7103	rea code/		irea code)
8. TYPE OF APPLICATION:				ANT: (Can beat	559-562-7100	
V Nev	w Continuation	n Revision	7. TYPE OF APPLICA	ANT: (See back	k of form for Applica	tion (ypes)
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	n evision	Municipal Other (specify)			
Other (specify)	نا ا	- 1	9. NAME OF FEDERA	AL AGENCY:		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANT	SE NUMBER.			244/710 220 (700	
10. CATALOG OF FEDERAL E	DOMESTIC ASSISTANT		11. DESCRIPTIVE TO	ILE OF APPLIC	CANT'S PROJECT:	•
. TITLE (Al ( D )		10-766	Lindsay Library			
TITLE (Name of Program):						
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s. States, etc.):				
Lindsay, Tulare County, Californ	nia					
13. PROPOSED PROJECT			14. CONGRESSIONA			
Start Date: May 2005	Ending Date: Nov. 2006		a. Applicant 21		b. Project 21	1
15. ESTIMATED FUNDING:	1404. 2500		16. IS APPLICATION			EXECUTIVE
		30	ORDER 12372 PROCE	SS?		
a. Federal \$ USDA		750,000			APPLICATION WAS TE EXECUTIVE OF	
p. Applicant \$		.10		FOR REVIEW		IDEN 12372
c. State \$			DATE:			
d. Local \$ City of Lindsay/Hospital Dis		199,891	b. No PROGRAM	I IS NOT COVE	ERED BY E. O. 1237	72
e. Other \$ County of Tulare		750,000 <sup>*</sup>	OR PROGI		BEEN SELECTED	BY STATE
Program Income     \$		126,000	17. IS THE APPLICAN		T ON ANY FEDERA	AL DEBT?
g. TOTAL \$		1,699,891	Yes if "Yes" attach	an explanation.	V: No	er den
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF,	ALL DATA IN THIS AP	PLICATION/PREAPPLIC	ATION ARE TE	RUE AND CORREC	T. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T			THE APPLICANT AND T	HE APPLICAN	T WILL COMPLY W	VITH THE
a. Authorized Representative	First Namo		Middle	Inmo		
Prefix Mr.	First Name Scot		Middle N B.	allie		
Last Name Townsend			Suffix			
o. Title City Mapager			c. Teleph 559-562	none Number (g !-7103	ive area code)	
1. Signature of Authorized Repres		<u> </u>	e. Date S		30/15	
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JUN 1 3 2005

STATE CLEARING HOUSE

Application Pre-application Construction Con	1. TYPE OF SUBMISSION: Application Construction Non-Construction S. APPLICANT INFORMATION Legal Name: The East Los Angeles Commun Organizational DUNS: 010720597 Address: Street: 5400 East Olympic Boulevard City: Los Angeles County: Los Angeles State: California	Pre-application  Construction  Non-Construction  ity Union	4. DATE RECEIVED BY  4. DATE RECEIVED BY  LUN 11 01 20 55	Organizational Unit: Department: Division: Name and telephoninvolving this applie	Federal Identif	ler
Construction   Construction   Construction   Construction   Non-Construction   Non-Cons	Construction  Non-Construction  Non-Construction  S. APPLICANT INFORMATION Legal Name:  The East Los Angeles Commun Organizational DUNS: 010720597  Address:  Street:  5400 East Olympic Boulevard City: Los Angeles County: Los Angeles State: California	Canatruction Non-Construction	<b>FECSEWED</b>	Organizational Unit: Department: Division: Name and telephoninvolving this applie	e number of pe	
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The East Los Angeles Community Union Congressional DUNS: 010720931 Congressional Dunce	Organizational DUNS: 010720597 Address: Street: 5400 East Olympic Boulevard City: Los Angeles County: Los Angeles State: California		-	Division: Name and telephon involving this applie	e number of per	to be contacted on matters
Address Street: Street	010720597 Address: Street: 5400 East Olympic Boulevard City: Los Angeles County: Los Angeles State: California		-	Name and telephon	e number of perception (give area	to be contacted on metters
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Sale Sale Olympic Boulevard  City Los Angeles  County Los Angeles  County Los Angeles  County Los Angeles  State County Los Angeles  County Los Angeles  State County Los Angeles  State County Los Angeles  State County Los Angeles  Email Los Angeles  State Los Angeles	5400 East Olympic Boulevard City: Los Angeles County: Los Angeles State: California		-			a code)
Clover (specify)  Charles (pack) (pac	City: Los Angeles County: Los Angeles State: California		-	I/NA/	First Name:	
Los Angeles   SPAPE CLEANING HOUS   See Name   See Name	Los Angeles County: Los Angeles State: California	33774		Middle Name	7086	Source Control of the state of
Carlifornia   Zip Code   Sulfix   Sul	Los Angeles State: California	3574	arrange 10HS	11		and the state of t
State: California Size: Country: Size: Size: Size: Country: Size: Size: Country: Size:	State: California	1 E	TE GLEANING HOUS			Track there at a 1974-white security of the seminantially security of the seminantial security of the security
Country:		Zip Code	THE STATE OF THE S	- Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):    3 5 - 2 5 5 4 2 5 6    8. TYPE OF APPLICATION:   New   Continuation   Revision   Revision   Revision   Community   Com	Çounny.	1 30022			am.	
33-721-3560   323-7	A EMPLOYER IDENTIFICATIO	N NUMBER (EIN):				Fax Number (give area code)
8. TYPE OF APPLICATION:  IV New IT Continuation (Revision) (Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  Other (specify)  Other (specify)  Other (specify)  Other (specify)  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  TITLE (Name of Program):  12. AREAS AFFECTED BY PROJECT (Cities, Counties, Stetes, etc.):  Los Angeles, Riverside, Orange and San Bernadino Counties  13. PROPOSED PROJECT  Siert Date:  100/10/105  02/30/07  16. ESTIMATED FUNDING:  a. Federal S. 1,000,000  b. Applicant S. 250,000  C. State S. 1,250,000  G. Other S. 1,250,000  T. TYPE OF APPLICATION; (See Back of Infinition Application Types)  Non-Profit Community Development Corporation  Other (specify)  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Capacity building for Hispanic marriage and gang involved youth  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Capacity building for Hispanic marriage and gang involved youth  14. CONGRESSIONAL DISTRICTS OF:  15. Los Applicant  25. 20, 30  D. Project  25. 20, 30  D.				323~721-1655		323-721-3560
Revision, anier appropriate later(s) in box(es) See back of form for description of letters.  Other (specify)  Other (specify)  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  TITLE (Name of Program):  12. AREAB AFFECTED BY PRÖJECT (Cites, Countles, States, etc.):  Los Angeles, Riverside, Orange and San Bernadino Countles  13. PROPOSED PROJECT Stert Date:  10/0/105  15. ESTIMATED FUNDING:  A. Federal  A. Federal  A. Federal  A. Federal  B. 1,000,000  B. NAME OF FEDERAL AGENCY: DHHS; ACF  11. DESCRIPTIVE TITLE OF APPLICATION ARE PROJECT:  Capacity building for Hispanic marriage and gang involved youth  14. CONGRESSIONAL DISTRICTS OF:  8. Applicant  15. 28, 30  16. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUTY  ORDER 12372 PROCESS?  8. Yes.  A. Yes.  A				7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
Other (specify)  Other		₩ □ Continuation	n li Revision	Non-Profit Communi	ty Development	Corporation
DHHS: ACF  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:    Capacity building for Hispanic marriage and gang involved youth	f Revision, enter appropriate let	ter(s) in box(es)	m		(	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Capacity building for Hispanic marriage and gang involved youth  TITLE (Name of Program):  12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.):  Los Angeles, Riverside, Orange and San Bernadino Countles  13. PROPOSED PROJECT Stert Date:  10/01/105  15. ESTIMATED FUNDING:  25. 29, 30  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE: 06/13/05  16. No. PROGRAM IS NOT COVERED BY E. O. 12372  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  10. MODITION OF THE APPLICANT ON THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	Other (specify)	( )		RAL AGENCY:		
Capacity building for Hispanic marriage and gang involved youth  12. AREAS AFFECTED BY PROJECT (Cities, Countiles, States, etc.):  Los Angeles, Riverside, Orange and San Bernadino Counties  13. PROPOSED PROJECT Start Date: 10/01/05 10/30/07 15. ESTIMATED FUNDING:  a. Federal b. Applicant b. Applicant b. Applicant c. State c.	10 CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:		TILE OF APPLI	CANT'S PROJECT:
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13. PROPOSED PROJECT Start Date: 10/01/05 Start Date: 10/01/01/05 Start Date: 10/01/01/05 Start Date: 10/01/01/05 Start Date: 10/01/01/01/01/01/01/01/01/01/01/01/01/0	12 AREAS AFFECTED BY PE	OJECT (Cities, Countle	s. States, etc.):	_		
13. PROPOSED PROJECT  Stert Date: 10/01/05  Stert Date: 10/01/05  15. ESTIMATED FUNDING:  a. Applicant 25. 29, 30  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Federal  b. Applicant c. State c. State c. State c. Other c						
Stert Date: 02/30/07 25, 29, 30  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Federal \$ 1,000,000 8. Yea. THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/13/05  c. State \$ DATE: 06/13/05  d. Local \$ DATE: 06/13/05  b. No. PROGRAM HAS NOT GEEN SELECTED BY STATE FOR REVIEW  f. Program Income \$ DATE: 06/13/05  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  g. TOTAL \$ 1,250,000 Yes attach an explanation. No  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  8. Authorized Representative	-	****		14. CONGRESSION	IAL DISTRICTS	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Federal \$ 1,000,000	Start Date:					b. Project
a. Federal \$ 1,000,000 a. Yea. IIIIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 1237 PROCESS FOR REVIEW ON DATE: 06/13/05  c. State \$ DATE: 06/13/05  d. Local \$ DATE: 06/13/05  e. Other \$ DATE: 06/13/05  TO PROGRAM IS NOT COVERED BY E. O. 12372  e. Other \$ DATE: 06/13/05  TO PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  f. Program Income \$ DATE: 06/13/05  TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  8. Authorized Representative		02/30/07		16. IS APPLICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
1,000,000  b. Applicant  c. State  d. Local  e. Other  f. Program Income  g. TOTAL  s. 1,250,000  g. TOTAL  s. 1,250,000  18. Yes. PROGRAM IS NOT COVERED BY E. O. 12372  To the Best of My knowledge and Belief, all Data in this application/preapplication are true and correct. The DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  A Authorized Representative			00	ORDER 12372 PRO	ただららつ	
b. Applicant  c. State  d. Local  b. No. PROGRAM IS NOT COVERED BY E. O. 12372  b. No. PROGRAM HAS NOT BEEN SELECTED BY STATE  for REVIEW  f. Program Income  f. Program Income  f. To THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE  DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE  ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	a. Federal 3			a. Yes. AVAILA	BLE TO THE ST	ATE EXECUTIVE ORDER 12372
d. Local S DATE: 05/16/6  d. Local S DATE: 05/16/6  b. No.   PROGRAM IS NOT COVERED BY E. O. 12372  c. Other S OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  8. Authorized Representative	b. Applicant \$			PROCE	SS FOR REVIE	W QN
e. Other  f. Program Income  g. TOTAL  1,250,000  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  8. Authorized Representative	c. State \$		,00			
e. Other  f. Program Income  g. TOTAL  1,250,000  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  8. Authorized Representative	d. Local S		uu uu .	b. No. T PROGR	AM IS NOT CO	VERED BY E. O. 12372
g. TOTAL  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	e. Other \$		. 00	OR PRO		OT BEEN SELECTED BY STATE
1,250,000 Learning of the Best of My Knowledge and Belief, all data in this application/preapplication are true and correct. The Document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.  a. Authorized Representative	f. Program Income \$	NAME OF THE PERSON OF THE PERS	.00	17. IS THE APPLIC	ANT DELINQUE	ENT ON ANY FEDERAL DEBT?
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  8. Authorized Representative	g. TOTAL §			☐ Yes If "Yes" atta	ch an explanatio	n. 🖺 No
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DECTO I FIGURATIO	a. Authorized Representative			Midd	le Name	
Mr. Jose	Prefix Mr.	Jose Jose				
Last Name Villalobos				·		
b. Title c. Telephone Number (give srea code) Senior Vice President 323-721-1655				323-	721 <u>-1655</u>	r (give area code)
	d. Signature of Authorized Repr	resentative			ate Signed 13/05	

Version 7/03

*PPLICATION I	FOR			2. DATE SUBMIT	TED	Applica	int Identifier	
FEDERAL ASSIS	STANC	$\mathbf{E}$						
1. TYPE OF SUBMISSIC	N:			3. DATE RECEIV	ED BY STATE	State A	pplication Identifier	
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<ul><li>☒ Construction</li><li>☒ Non-Construction</li></ul>		☐ Construction☐ Non-Construction☐						
Mon-Construction		Li Non-Constituction		4. DATE RECEIV	'ED BY FEDERAL	AGENCY Federa	I Identifier	
5. APPLICANT INFORM	1ATION			IN DIVIL RECEIV	22 21 122 21012			
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Los Angeles County	Metropol	itan Transportation A	uthority	Regional C	Grants Mana	gement & Adn	ninistration	
Address (give city, state, ar	ıd zip code)	:					n matters involving this application (give	
	***			area code)				
One Gatewa				Steve Hen	lov			
Los Angeles,	Califor	rnia 90012-2952						
				(213) 922-	-3093			
6. EMPLOYER IDENTII	FICATION	NUMBER (EIN):					N	
95 - 44 0 1		(311)		7. TYPE OF APP	LICANI: (enter ap	ppropriate letter in box	11	
8. TYPE OF APPLICATI				A State	H Independent	School Dist.		
				B County	I State Contro	lled Institution of Hig	her Learning	
X New   Continu	ation Re	vision		C Municipal	J Private Univ	•		
If Revision, enter appropriate letter(s) in box(es):				D Township E Interstate	K Indian Trib L Individual	e		
				F Intermunicip	pal M Profit Org			
	D D	A C.I Dire	44	G Special Dist	rict N Other (Spe	ecify)		
A Increase Award D Decrease Duration	B Decrease Other (spe		ration	State Char	tarad Transi	t District		
	``	307		State Chartered Transit District  9. NAME OF FEDERAL AGENCY:				
					ransit Admir			
		MESTIC 20 - 5	0.7			LICANTS PROJECT	:	
10. CATALOG OF FEDE ASSISTANCE NUMB		AESTIC 20 - 5	0 /				•	
TITLE 49 U.S.C		7		CA-90-Y3	380 – Capita	l and Operatii	ng Assistance	
111111111111111111111111111111111111111		<i>'</i>	***************************************	_				
12. AREAS AFFECTED	BY PROJI	ECT (cities, counties, state	s, etc.)					
County of Los Angel	les CA							
County of Los Angel	ics, Cri							
13. PROPOSED PROJEC	CT	14. CONGRESSIONAL	DISTRICTS OF					
Start Date		Ending Date	a. Applicant			b. Project		
00/00/00		10/01/00	25 through 20 42 46				12 4	
09/30/02		12/31/08	25 through 39, 42, 46			Same as App	Dicant	
15. ESTIMATED FUNDI	ING		16. IS APPLICATIO	N SUBJECT TO R	EVIEW BY STAT	E EXECUTIVE ORD	ER 12372 PROCESS?	
a Federal	\$	30,961,000.00				VAS MADE AVAILA	BLE TO THE STATE EXECUTIVE	
			ORDER 12	372 PROCESS FO	R REVIEW ON			
			DATE _ 06	/10/05				
			b NO□PR	OGRAM IS NOT C	COVERED BY E O	12372		
				PROGRAM HAS N	OT BEEN SELEC	TED BY STATE FOI	RREVIEW	
b Applicant	\$	.00						
c State	\$	.00						
d Local e Other	\$ \$	4,697,830.00	-					
	\s\ \s	.00	17. IS THE APPLIC	TANT DELINOUEN	NT ON ANY FEDE	PAL DERT?		
f Program Income	3	.00	17. IS THE ATTER	ANT DELINQUE	VI ON ANT FEDE	KAL DEDI:		
			☐ Yes If "Y	es" attach an expla	nation 🗵 N	No		
				_				
g TOTAL	\$	35,658,830.00						
							T HAS BEEN DULY AUTHORIZED BY THE	
GOVERNING BODY OF TH	E APPLICA	NT AND THE APPLICANT	WILL COMPLY WITH THI	E ATTACHED ASSUR	RANCES IF THE ASS	SISTANCE IS AWARDEI	)	
					li mu	· · · · · · · · · · · · · · · · · · ·	I m.tt	
a Typed Name of Authori	zed Repres	sentative	And the second s	CONTRACT TO THE PROPERTY OF TH	b Title Director		c Telephone number	
Gladys Lowe			IPECE		7	ogram Management	(213) 922-2459	
d. Signature of Authorize	d Represen	tative		IVED	e. Date Sign	ned	1/	
111		e: e	11 (%)	0.00	1			
Lenk	2 to	nie	JUN -	3 2005	Hereas and the second	6-10	-01	
Previous Editions Not Usa	ble	» -· -			L			
			STATE	ING HOUSE			Standard Form 424 REV 4/88 Prescribed by OMB Circular A-10	
			Control Control Control Control				i reserrated by Onta Circular A-10	

Standard Form 424 REV 4/88; Prescribed by OMB Circular A-102

## APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED April 1	1, 2005	Applicant	dentifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	·	State Apr	olication Identifier	***************************************	
plication Construction	Preapplication						
Non-Construction	☐ Construction☐ Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal lo	dentifier		
5. APPLICANT INFORMATION				<u> </u>			
Legal Name:			Organizational Unit:				
City of Woodlake							
Address (give city, county, State	•		Name and telephone	number of	person to be conta	cted on matters in	volv
350 N. VALENCIA	County of Tu	ılare	this application (give a	rea code)		erea er, manore m	VOIV
WOODLAKE, CA. 932			Bill Lewis		(559)56	4-8055	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter	appropriate letter	in box)	
8. TYPE OF APPLICATION:			A. State		ndent School Dist.		
X Nev		П	B. County C. Municipal		ontrolled Institution	of Higher Learnin	g
		Revision	D. Township	J. Private K. Indian 1	•	V	
If Revision, enter appropriate lett	ter(s) in box(es)		E. Interstate	L. Individu			
A. Increase Award B. Dec	crease Award C. Increase		F. Intermunicipal		rganization		
D. Decrease Duration Other		Duration	G. Special District	N. Other (	Specify)		
			9. NAME OF FEDERA	L AGENC	Y:	***************************************	
		•	USDA RURAL	DEVEL	OPMENT		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	I F OF API	PLICANT'S DDO I	ECT.	
	[1	0 - 766					
TITLE: COMMUNITY	Y FACILITIES	700	PURCHASE PU	BLIC SA	AFETY EQUIP	MENT	
12 AREAS AFFECTED BY PRO	DJECT (Cities, Counties, State	es etc.):			DEAL		
t e		50, 010.7.			RECE	IVED	
WOODLAKE, CALIFOR						1	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF: 2			JUN 1	3 2005	
Start Date Ending Date	a. Applicant		b. Project		STATE CLEAD	1010110110	
7/1/05 6/30/06	DEVIN NUNES		DEVIN NUNI	$_{z_{0}}$ $L$	STATE CLEAR	ING HOUSE	
15. ESTIMATED FUNDING:			16. IS APPLICATION S		TO REVIEW BY S	TATE EXECUTIVE	F
a. Federal			ORDER 12372 PRO				_
a. i euerai	\$ 51,700.	.00					
b. Applicant	\$ 42,300.	00	a. YES. THIS PREAF	PPLICATIO	N/APPLICATION \	WAS MADE	
	42,300.	•	PROCESS F	OR REVIE	TATE EXECUTIVE	OHDER 12372	
c. State	\$	,00			W ON.		
d. Local	\$	00	DATE				
	Ψ	•	b. No. 🔲 PROGRAM	A IS NOT O	OVERED BY E. O	10070	
e. Other	\$	.00	☐ OR PROGR	RAM HAS I	NOT BEEN SELEC	12372 CTED BY STATE	
4.0			FOR REVIE		TO F DELIT OFFE	OLD BY GIATE	
f. Program Income	\$	.00					
g. TOTAL	\$ 94,000.		17. IS THE APPLICANT	DELINQU	ENT ON ANY FEI	DERAL DEBT?	
	•	0.	Yes If "Yes," at			∑ No	
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, ALL I	DATA IN THIS APPLICA	TION/PREAPPLICATION	ON ARE TE	RUE AND CORRE	CT THE	
ATTACHED ASSURANCES IF T	HE ASSISTANCE IS AWAR	-RNING BODY OF THE	APPLICANT AND THE	APPLICA	NT WILL COMPLY	Y WITH THE	
<ol> <li>Type Name of Authorized Representations</li> </ol>	/	. Title	lc.	. Telephone	e Number		
WILLIAM LEWIS		CITY MANAGER	}	(559)	564 <b>–</b> 8055		
ature of Authorized Represe	enfetive		е	. Date Sign			
Previous Edition Usable	11/		<u> </u>	4/4/0	)5		

Authorized for Local Reproduction

T. TYPE OF SUBMISSION: Application Construction Construct	FEDERAL ASSISTANCE				Applicant Identifier			
Construction  A hon-Construction  Control California Foundation for Health dob Delanna Regional Medical Conter  Comparisonal Chilis  Control California Foundation for Health dob Delanna Regional Medical Conter  Control  Con	1. TYPE OF SUBMISSION: Application	Pre-application		STATE	State Applicat	ion Identifier		
Application   December   Decemb	· · ·	1 ''	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	<b>f</b> ier		
Lega Name   Control Colifornia Foundation for Health dop Delano Regional Medical Center   Control Colifornia Foundation for Health dop Delano Regional Medical Center   Control Colifornia Foundation for Health dop Delano Regional Medical Center   Control Colifornia Foundation   Contro	☑ Non-Construction	Mon-Construction		·			1	
Control California Foundation for Health dips Delann Regional Medical Center (NA Na National Control C	5. APPLICANT INFORMATION Legal Name:	N		Organizational Un	it:		1	
Organizational DUNS: 77C-259013 Address: Name and telephone number of person to be contacted on matters Involving this application (give area code) Firefor: No.	Central California Foundation (	or Health dog Delano Re	gional Medical Center	Department:			1	
Address:    Name and telephone number of person to be contacted on matters (190) Garces Highway   RECEIVED	Organizational DUNS:			Division:				
G.   Profix   First Name   Micide Name   Lynn   Micide Name   Mi	Address:				ne number of pe	rson to be contacted on matters	1	
Miscale Name    Miscale Name   Miscale Name   Miscale Name	Street; G.					pa code)	-	
Country: Kern State:    Suptember   Suptem	1401 Garces Highway	REC	The same of the sa	Mrs.				
Sale:    Zip Eagle   Suffix	Delano City:		EIVED L					
Program Coordinator    Program Coordinator   Program Code   Program Coordinator   Program Code   Program Coordinator   Program Code	County: Kern	JUN 1	3 2005	Last Name Gilreath				
Frote Normibal (give area code)   Fax Normibal (give area co	State: CA	1 03716			or			
Frote Normibal (give area code)   Fax Normibal (give area co	Country: USA	STATE CLEAR	RING HOUSE					
8. TYPE OF APPLICANT: (See back of form for Application Types) 8. TYPE OF APPLICANT: (See back of form for Application Types) 8. TYPE OF APPLICANT: (See back of form for Application Types) 8. TYPE OF APPLICANT: (See back of form for Application Types) 8. TYPE OF APPLICANT: (See back of form for Application Types) 8. Applicant of Chibdren and Femilies 9.3—8.71 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9.3—8.71 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 13. PROPOSED PROJECT (Cities, Counties, States, etc.): 14. CHIBCRET COUNTY, Callifornia 15. PROPOSED PROJECT 16. ESTIMATED FUNDING: 16. ESTIMATED FUNDING: 17. TYPE OF APPLICANT: (See back of form for Application Types) 17. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 18. ESTIMATED FUNDING: 18. FOR THE APPLICANT'S PROJECT: 19. Applicant of Program: 19. PROPOSED PROJECT 19. Applicant of Project of Cities, Counties, States, etc.): 19. Applicant of Project of Cities, Counties, States, etc.): 19. Applicant of Project of Cities, Counties, States, etc.): 19. Applicant of Project of Cities, Counties, States, etc.): 19. Applicant of Project of Cities, Counties, States, etc.): 19. Applicant of Project of Cities, Counties, States, etc.): 19. Applicant of Project of Cities, Counties, States, etc.): 19. Applicant of Project of County, Callifornia 19. Project of Project of Counties, States, etc.): 19. Applicant of Project of Cities, Counties, States, etc.): 19. Applicant of Project of Counties		ON NUMBER (EIN).	7035		a area code)	Fax Number (give area code)	1	
Revision, enter appropriate letter(s) in box(es)   Continuation   Revision   Cherroscopion of letters.   Cherroscopion of letters   Cherroscopion of lette	77-0258013	3		661-725-5206		661-721-5234		
Revision, enter appropriate letter(s) in box(es)   Cherrology	8. TYPE OF APPLICATION:	/II	_	7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)		
Other (specify)  Other (specify)  Other (specify)  S. NAME OF FEDERAL AGENCY: DHHS - Administration for Children and Families  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: S. S			n Revision	Non-profit organiza	lion			
DHHS: Administration for Children and Families  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  9 3 - 5 7 1  Healthy Croices for Life:  A multifaceted health outreach program to alleviate access barriers to timely health informat and healthy focus among historically hand-to-reach Latino populations in Delago, CA such as seasonal at the Delago, CA such as seasonal at 14. CONGRESSIONAL DISTRICTS OF migrant, farmanders & familiary focus among historically hand-to-reach Latino populations in Delago, CA such as seasonal at 14. CONGRESSIONAL DISTRICTS OF migrant, farmanders & familiary focus among historically hand-to-reach Latino populations in Delago, CA such as seasonal at 14. CONGRESSIONAL DISTRICTS OF migrant, farmanders & familiary focus among historically hand-to-reach Latino populations in Delago, CA such as seasonal at 14. CONGRESSIONAL DISTRICTS OF migrant, farmanders & familiary focus among historically hand-to-reach Latino populations in Delago, CA such as seasonal at 14. CONGRESSIONAL DISTRICTS OF migrant, farmanders & familiary focus among historically hand as seasonal at 14. CONGRESSIONAL DISTRICTS OF migrant, farmanders & familiary focus among historically hand as seasonal at 14. CONGRESSIONAL DISTRICTS OF migrant, farmanders & familiary focus among historically hand as seasonal at 14. CONGRESSIONAL DISTRICTS OF migrant, farmanders & familiary farmanders & familiary familiary farmanders & familiary				Other (specify)				
Healthy Croices for Life:  A multifaceted health outreech program to alleviate access barriers to timely health informate and healthy feeds among historically health informate and healthy feeds among historical	Other (specify)					and Families		
A miltifaceted health outreach program to alleviate access barriers to timely health information and healthy foods among historically hand-to-reach and healthy foods among historically hand-healthy foods among historically hand-hea	10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER;	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:		
TITLE (Name of Program): Community Services Block Grant Discretionary Awards  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Delano, Kern County, California  13. PROPOSED PROJECT  14. CONCESSIONAL DISTRICTS OF: migrant farmworkers & Camilistratically hand-to-reach Letting populations in Delano, CA such as seasonal at Applicant in Delano, CA such as seasonal at California  15. Ending Date: September 2005 August 2006  16. ESTIMATED FUNDING:  16. Foreign Date: September 2005 August 2006  16. Congressional District 17. In-kind \$ 200,000  18. Applicant on SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 13, 2005  19. Applicant on SuBJECT OR STREET STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 13, 2005  19. Applicant on SuBJECT OR STREET STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 13, 2005  10. Local \$ 0			9 3 - 5 7 1					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  Delano, Kern County, California  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF: migrant, farmworkers, & family foods among historically hard-to-reach Latino populations in Delano, CA such as seasonal at the congressional district of the congressional District start Date:  September 2005   August 2006   Augu	TITLE (Name of Program): Community Services Block Gra	ant Discretionary Awards						
Delano, Kern County, California  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF: migrant. farmanizers & familiar f			s, States, etc.);					
13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF: migrant, farmunrivers & farming the start Date:  September 2005	Delano, Kern County	, California		Latino populations in Delano, CA such as seasonal a				
September 2005   August 2006   20th Congressional District   20th Congressional District   16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?   A. Federal   \$ 50,000   50,00	13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	OF: migrant farmworkers &	familie	
A. Federal \$ 50,000 a. Yes. In this precise that the process of th	September 2005.		6		District			
a. Federal  a. Yes.   THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: JUNE 13, 2005  b. Applicant c. State  d. Local  a. Yes.   THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: JUNE 13, 2005  b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  DO PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  TO PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  TO STATE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICATION AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICATION AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICATION AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICATION AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICATION PREAPPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICATION PREAPPLICATION PR	16. ESTIMATED FUNDING:			1		REVIEW BY STATE EXECUTIVE		
b. Applicant in—kind side. State solution in the same service of t	a. Federal \$	,	50 000 °	L Vas THIS P	REAPPLICATION		1	
DATE: JUNE 13, 2005  d. Local \$ 0	b. Applicant \$			AVAILA				
De. Other  Conter  Con	c. State \$		- 00	DATE:	June 13, 20	05		
OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  1. Program Income  1. TOTAL  1. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  1. Yes If "Yes" attach an explanation.  1. Yes If "Yes" attach an explanation.  1. No  1. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE APPLICANT ON ANY FEDERAL DEBT?  1. SIGNATURE OF THE APPLICANT ON ANY FEDERAL DEBT?  1. SIGNATURE OF THE APPLICANT ON ANY FEDERAL DEBT?  1. SIGNATURE OF THE APPLICANT ON ANY FEDERAL DEBT?  1. SIGNATURE OF THE APPLICANT ON ANY FEDERAL DEBT?  1. SIGNATURE OF THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  1. SIGNATURE OF THE APPLICANT ON ANY FEDERAL DEBT?  1. SIGNATURE OF THE APPLICANT ON ANY FEDERAL DEBT?  1. SIGNATURE OF THE APPLICANT ON ANY FEDERAL DEBT?  1. SIGNATURE OF THE APPLICANT ON ANY FEDERAL DEBT?  1. SIGNATURE OF THE APPLICANT ON ANY FEDERAL DEBT?  1. SIGNATURE OF THE APPLICANT ON ANY FEDERAL DEBT?  1. SIGNATURE OF THE APPLICANT ON ANY FEDERAL DEBT?  1. SIGNATURE OF THE APPLICANT ON ANY FEDERAL DEBT?  1. SIGNATURE OF THE APPLICANT ON ANY FEDERAL DEBT?  2. DATE OF THE APPLICANT ON ANY FEDERAL DEBT?  3. DATE OF THE APPLICANT ON ANY FEDERAL DEBT?  4. DATE OF THE APPLICANT ON ANY FEDERAL DEBT	d. Local \$			b. No. TO PROGE	RAM IS NOT COV	/ERED BY E. Q. 12372		
T. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If No  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If No  If No  If Yes If "Yes" attach an explanation.  If No  If No  If No  If Yes If "Yes" attach an explanation.  If No  If No  If No  If Yes If "Yes" attach an explanation.  If No  If No  If No  If Yes If "Yes" attach an explanation.  If No  If No  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If No  If Yes If "Yes" attach an explanation.  If Yes If "Yes If "Yes Is	e. Other \$		UC	OR PR		T BEEN SELECTED BY STATE		
TOTAL  Yes If "Yes" attach an explanation.  Yes If "Yes If "Yes" attach an explanation.  Yes If "Yes If "Yes If "Yes" attach an explanation.  Yes If "Yes If	f. Program Income \$					NT ON ANY FEDERAL DEBT?	1	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  18. Authorized Representative  Prefix    First Name   Middle Name   G.	g. TOTAL \$			Yes if "Yes" atta	ch an explanation	. Ø No		
COCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  B. Authorized Representative  Prefix  First Name Alian  First Name Alian  First Name Alian  Suffix Ph.D.  Title  Executive Director  Executive Director  Signature of Exphorized Representative  E. Date Signed	18. TO THE BEST OF MY KNO	OWLEDGE AND BELIEF	, ALL DATA IN THIS APP	PLICATION/PREAPP	LICATION ARE T	RUE AND CORRECT. THE		
Prefix First Name Alian G.  Last Name Komerek Suffix Ph.D.  Title Executive Director Secutive Director Signature of getty prize Representative Suffix Ph.D.  C. Telephone Number (give area ∞de) 661-721-5203 Signature of getty prize Representative Signature of getty prize Representative	DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AN	D THE APPLICA	NT WILL COMPLY WITH THE		
Allan  C. Last Name Komarek  Diffix Ph.D.  Title Executive Director  C. Telephone Number (give area code) 661-721-5203  Executive of gyptorizet Representative  Executive Director  Date Signed	a. Authorized Representative	Eiret Nama		المائد ال	la Nama		1	
Komarek Ph.D.  c. Telephone Number (give area code) 661-721-6203  l. Signatura of graphorized Representative e. Date Signed		Allan		G.				
Executive Director 661-721-5203  I. Signature of guy prize Representative e. Date Signed	Komarek							
I. Signature of graph rizer Representative e. Date Signed	b. Title Executive Director					(give area code)		
1 Min + Pro 106-01-05°		esentative		e. Di	ate Signed		1	

Previous Edition Usable Authorized for Local Reproduction

APPLICATION FOR	_		41		Version 7/0	
FEDERAL ASSISTANCE	3	2. DATE SUBMITTED		Applicant Ider		
1. TYPE OF SUBMISSION:	T	3. DATE RECEIVED B	E 13, 2005 05-430  BY STATE State Application Identifier			
Application	Pre-application	JUNE	10, 2005			
Construction	Gonstruction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identi	fier	
Non-Construction	Mon-Construction					
5. APPLICANT INFORMATION		The state of the s				
Legal Name:			Organizational Unit:		· · · · · · · · · · · · · · · · · · ·	
CITY OF MOI	DESTO	7		RECREATION	N & NEIGHBORHOODS	
Organizational DUNS: 07 307 2	2451			WASTE MANA		
Address:			Name and telephone	number of pe	rson to be contacted on matters	
Street; PO BOX 642			Involving this applic		a code)	
	*	and an in the second	Prefix: MS	First Name:	KARIN	
City; MODESTO			Middle Name	<b>3</b> .	1	
County: STANISLAUS			Last Name	RODRIGUEZ		
State: CA	Zip Code 95353		Suffix:			
Country: USA			Email:		h	
6. EMPLOYER IDENTIFICATIO	N NUMBER (E(N):		Phone Number (give a	gmodestogov.co	Fax Number (give area code)	
1	, ,		209/577-5453	rea code)		
94_6000374 8. TYPE OF APPLICATION:		711			209/521-4801	
8. TIPE OF APPLICATION:	v ∏ Continuatio	n 🖟 Revision	7. TYPE OF APPLICA	NT: (See back	k of form for Application Types)	
If Revision, enter appropriate letter	er/s) in hav/es)	n II Revision	C - MUNIC	IPALITY	,	
(See back of form for description	of letters.)	·	Other (specify)			
Other (specify)		<u> </u>	9. NAME OF FEDERA ÉPA REGION 9 - F		FFICE - ADRIENNE PRISELAC	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLIC	CANT'S PROJECT:	
TITLE (Name of Program);	ID WASTE MANAGEME	66-808 NT ASSISTANCE	PARTNER WITH LOC	CAL RESTAUR PERATÉ FOOD	POSTING PILOT PROGRAM - ANTS AND GARBAGE AND ORGANIC WASTE FOR APOST FACILITY	
12. AREAS AFFECTED BY PRO		, States, etc.):		12 011 1 0 0011	001 17(0.2171)	
CITIES - CITY OF	MODESTO					
13. PROPOSED PROJECT			14. CONGRESSIONA	L DISTRICTS	DF:	
Start Date:	Ending Date:		a. Applicant		b. Project	
OCTOBER 2005 15. ESTIMATED FUNDING:	APRIL	2007	18, 19	·	18, 19	
			16. IS APPLICATION ORDER 12372 PROCE	SUBJECT TO . ESS?	REVIEW BY STATE EXECUTIVE	
a. Federal \$	<b>,</b>	40.050	THIS PRE	APPLICATION	APPLICATION WAS MADE	
b. Applicant \$		49,850	- AVAILABI	LE TO THE STA S FOR REVIEW	ATE EXECUTIVE ORDER 12372	
c. State \$		00	_	INE 10, 2005	,	
d. Local \$	***	Ud		·	ERED BY E. O. 12372	
e. Other \$		· on · · ·	D. NO. 14.9			
f. Program Income \$	- 16 a 15	44,050 '	FOR REV	EW	FBEEN SELECTED BY STATE	
		•	17. IS THE APPLICAN	IT DELINQUEN	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		93,900	☐ Yes If "Yes" attach	ап explanation.	. 🔛 No	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE (	SOVERNING RODY OF	PLICATION/PREAPPLIC THE APPLICANT AND	ATION ARE T	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative	First Name	12.000	B #:	VI		
MR Last Name	GEORGE	* books and the second	Middle I	Vame W.	<b>4</b>	
BRITTON			Suffix			
b. Titic CITY MANA	AGER		c. Telep	hone Number ( 209/577-5224	give area codo)	
d. Signature of Authorized Repres	sentative S		e. Date	Signed 06	10/2-0-	
Previous Edition Usabl	<del>y~ ()'</del>			וןמע	Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduction	1 AND THE THE THE			-	Prescribed by OMB Circular A-102	

W PX

Ferhand R. Socreto Auditory City American

APPLICATION FOR FEDERAL ASSISTANCE						Version 7/0
		2. DATE SUBMITTED	6/15/05	Applicant Ide	enlifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Applica	alion Identifier	
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	' Federal Iden	tifler	P4
Non-Construction	Non-Construction					
8. APPLICANT INFORMATION Legal Name:			Organizational Un	IA.		
Fresno Metro	politan N	1 <sub>inistru</sub>	Department			
Organizational DUNS:		11112111	Division:	nger + N	intrition 14	DYCT
Address:	<u>30-5911                                   </u>					
Street:	11	7	involving this appl	ne number of p ilcation (give ar	erson to be contacte ea code)	d on matters
1055 N. Var	1 Ness, 2	mte H	Prefix: Ms.	First Name:	Edith	
city: Fresho			Middle Name	EARM	91/	
County: Fresho			Last Name	SCUO	114	19
State: CA	ZIp Code 9372	8	Suffix:	3.30/-		
Country: USA	DE	OEIV/ED	Email: edie	@ Com	- Mantaus =	
8. EMPLOYER IDENTIFICATION	NUMBER (EN)	<del>JEIVEU</del>	Phone Number (give	Bres code)	Fax Number (give er	98 000 A)
94-2131048		N 1 0 2005	559-485-		559-485-9	109
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bac	ck of form for Applicati	on Types)
If Revision, enter appropriate lette (See back of form for description of	Continuation in boxiesTATE	ROVISION				
(See back of form for description	of letters.)		Other (specify)	•		
Other (specify)			9. NAME OF FEDE	RAL AGENCY:	\	
10. CATALOG OF FEDERAL DE	OMESTIC ASSISTANC	E NUMBER:	11. DEBCRIPTIVE	TITLE OF APPL	nè Families: O	<u>cs, canp</u>
		93-577	FreeLIO	Food A	tccess Pro	inct
TITLE (Name of Program):	A & NUTOITA		11 63160	1000	الاعتيان ال	رسما
12. AREAS AFFECTED BY PRO	JECT (Cities, Countles,	States, etc.):	-			
Fresuo City &	COUNTY					
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS		
10/1/05	Ending Date: 9/3	0106		Costa	b. Project Jim (	osta
16. ESTIMATED FUNDING;			16. IS APPLICATION ORDER 12372 PRO	N SUBJECT TO	REVIEW BY STATE	EXECUTIVE
a. Federal \$	50	,000	THIS PE	EAPPLICATION	VAPPLICATION WAS	MADE
b. Applicant \$		.00	PROCE	68 FOR REVIEW	ATE EXECUTIVE OR	DER 123/2
c. State \$	MATERIAL CONTRACTOR OF THE PARTY OF THE PART	OB	DATE:	6/10/09	5	
d. Local \$		,00	b. No. I PROGRA	AM IS NOT COV	/ERED BY E. O. 1237	2
e. Other \$		00	OR PRO	GRAM HAS NO	T BEEN SELECTED I	BY STATE
f. Program Income \$			_ FOR RE	VIEW	NT ON ANY FEDERA	*
g. TOTAL \$	60	000 "	4 _			
16. TO THE BEST OF MY KNOW	LEDGE AND BELIEF	ALL DATA IN THIS ARE	Yes if "Yes" attac	CATION AND	DUE AND CARAC	
Document has been duly a <u>attached</u> assu <u>rances</u> if th			THE APPLICANT AND	THE APPLICA	NT WILL COMPLY W	ITH THE
a. Authorized Representative		ANDEU.				
1	First Name Edit	h	Middle	Name CLE	MRMAN	
Last Name Jessur	)		Suffix		<u></u>	· · · · · · · · · · · · · · · · · · ·
b. Title Hungert	Nutrition	~ Project	c. Tele	phone Number	(give area code)	
d. Signature of Authorized Repress	entative Edin	C Semus	a. Dat	a Signed 6/		
Previous Edition Usable Authorized for Local Reproduction		1			Standard Form 424	(Rev.9-2003)
		-			Prescribed by OMB	Sircular A-102

APPLICATION FOR	_		[A D 4 T B 4   1   1   1   1   1   1   1   1   1			Version 7/
FEDERAL ASSISTANC	E .		2. DATE SUBMITTED June 9, 2005		Applican 05-426	I Identifier
1. TYPE OF SUBMISSION; Application	Pre-appli	cation	3. DATE RECEIVED I		, ,	plication Identifier
☐ Construction	G Const	ruction	4. DATE RECEIVED I	BY FEDERAL A	GENCY Federal I	dentifier
Non-Construction		onstruction				
5. APPLICANT INFORMATIO	N		***************************************	Organizati	onal linit	
Salton Sea Authority				Departmen	l:	
Organizational DUNS: 111370784				Salton Sea	Authority	
111370784 Address:						
Street:		-		Name and involving t	telephone number o his application (give	of person to be contacted on matters
78-401 Hwy 111, Suite T		Such hone of	Percentage and a present and p	Prefix:	First Nam Daniel	
City: LaQuinta		HL(	CEIVED	Middle Nam Ryan		
County: Riverside		JUN	<b>1 0</b> 2005	Last Name Cain		
State: California	Zip Code 92253	·		Suffix:		
Country: United States		STATE CI	EARING HOUSE	Email:	onsea.ca.gov	
6. EMPLOYER IDENTIFICATION	N NUMBER	R (EIN):	The state of the s		ber (give area code)	Fax Number (give area code)
33-0883611	7	**		(760) 564-4	888	(760) 564-5288
8. TYPE OF APPLICATION:				7. TYPE OF	APPLICANT: (See	back of form for Application Types)
New If Revision, enter appropriate let	ter(s) in box	Continuation es)	Revision			• • •
(See back of form for description	of letters.)	П		Other (special Joint Powers		
Other (specify)					FEDERAL AGENC tal Protection Agency	
10. CATALOG OF FEDERAL I	OMESTIC	ASSISTANCE	NUMBER:	11. DESCRI	PTIVE TITLE OF AP	PLICANT'S PROJECT:
TITLE (Name of Program): Air Quality Mitigation Study for S	Salton Sea F	testoration	66-606	The goal of the States o Salton Sea	f California's final alte	rmine and disseminate the impact that ernative will have on air quality in the
12. AREAS AFFECTED BY PR		es, Counties,	States, etc.):			
Riverside and Imperial Counties  13. PROPOSED PROJECT						•
Start Date:	Ending D	ate:		a. Applicant	ESSIONAL DISTRIC	TS OF:
9-1-05	08-30-06			District 45		District 45
15. ESTIMATED FUNDING:				<b>ORDER 1237</b>	2 PROCESS?	TO REVIEW BY STATE EXECUTIVE
a. Federal \$			99,200	a. Yes. 🛛	THIS PREAPPLICAT	ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
b. Applicant \$			w	i i	PROCESS FOR REV	VIEW ON
c. State S			<u>w</u>	c	DATE: June 9, 2005	
d. Local S			œ.	b. No. 10 F	PROGRAM IS NOT C	OVERED BY E. O. 12372
e. Other S			.00	- I - I - I		NOT BEEN SELECTED BY STATE
f. Program Income 5	-		00	17. IS THE A	OR REVIEW PPLICANT DELING	UENT ON ANY FEDERAL DEBT?
g. TOTAL \$	·		99,200 '	- Dyes II We	s" attach an explana	tion.
ATTACHED ASSURANCES IF T	MUTHORIZE	D BY THE GO	LL DATA IN THIS APP	PLICATION/PR	FAPPLICATION AR	E TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
a. Authorized Representative					Middle Name	
_ast Name	First Name Ron				Middle Name	
Enzweiler . Title					Suffix	
Executive Director	Ž		,		c. Telephone Numb (760) 564-4888	er (give area code)
. Signature of Authorized Repres	Entative	1	7	**	e. Date Signed June 9, 2005	
revious Edition Usable authorized for Local Reproduction						Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR	DATE SUBMITTED		Applit Identifier		
FEDERAL ASSISTANCE	June 09, 2005				
1. TYPE OF SUBMISSION	3. DATE RECEIVED B	Y STATE	State Application Identifier		
Application Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Y	Federal Identifier		
5.APPLICANT INFORMATION					
Legal Name	Make the second series to the second series to the second series and the second second series and the second second series and the second seco	Organizat	ional Unit		
Valero Energy Corporation	RECEIVE	<del></del>	nergy Corporation		
Address	JUN <b>0 9</b> 2005		I telephone number of the person to be on matters involving this application		
PO Box 696000 San Antonio, Texas 78269-6000	STATE CLEARING HO	1 1	, Gregory		
6. EMPLOYER IDENTIFICATION N	UMBER (EIN)	7. TYPE	OF APPLICANT		
74-1828067		Profit Org	Profit Organization		
8. TYPE OF APPLICATION		9. NAME	9. NAME OF FEDERAL AGENCY		
New		Office of State and Local Government Coordination and Preparedness			
10. CATALOG OF FEDERAL DOME	ESTIC ASSISTANCE		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT		
NUMBER: 97.056 CFDA TITLE: Port Security G	rant Program	Valero Benicia Refinery Security Enhancement Project, Port of San Francisco, California. CONGRESIONAL DISTRICT: CA07			
12. AREAS AFFECTED BY PROJEC	T				
Facility access areas both landside and marine vessels. The facilities protected			evices concealed in motor vehicles and		
13. PROPOSED PROJECT		14. CON	GRESSIONAL DISTRICTS OF		
Start Date: October 01, 200°  End Date: July 01, 200°		a. Applica			
15. ESTIMATED FUNDING			PLICATION SUBJECT TO REVIEW		
Federal \$5	511,825	BY STAT	TE EXECUTIVE ORDER 12372		
Applicant \$5	511,825		J.		
State \$6	)		oplication/application was made		
Local \$6	)	available to the state executive order 12372 process for review on 06/09/2005			
Other \$0	)		Process for re-re-re-re-re-re-re-re-re-re-re-re-re-r		
Program Income \$6	)	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			

1 460 - 2/4

TOTAL \$1,-\_3,650

N

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

Clase Window

APPLICATION FOR 2. DATE SUBMITTED FEDERAL ASSISTANCE		Applicant Identifier		
TYPE OF SUBMISSION	3. DATE RECEIVED B STATE	Y State Application Identifier		
Application Non-Construction	4. DATE RECEIVED B FEDERAL AGENCY	Y Federal Identifier		
APPLICANT INFORMATI	NO			
Legal Name		Organizational Unit		
California State Lands Comm	ssion	Marine Facilities Division		
Address	RECEIVE	Name and telephone number of the perso to be contacted on matters involving this		
200 Oceangate Suite 900 Long Beach, California 90802-4335	JUN 0 9 200	application		
6. EMPLOYER IDENTIFICA	TION NUMBER (EIN)	7. TYPE OF APPLICANT		
68-0291104		State		
8. TYPE OF APPLICATION		9. NAME OF FEDERAL AGENCY		
New		Office of State and Local Government Coordination and Preparedness		
10. CATALOG OF FEDERA	L DOMESTIC ASSISTANCE	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT		
NUMBER: 97.056 CFDA TITLE: Port S	s ecurity Grant Program	Purchase and deploy portable radiation detectors in California's major seaports.		
12. AREAS AFFECTED BY	PROJECT			
California seaports of San Di Bay.	ego, Los Angeles-Long Beach, I	Port Hueneme, San Francisco Bay, and Humbo		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF		
	mber 15, 2005			
End Date: March	n 15, 2008	a. Applicant		
		CA01 CA07 CA08 CA09 b. Project CA23 CA30 CA31 CA33 CA35 CA36 CA53		
15. ESTIMATED FUNDING	Y	16. IS APPLICATION SUBJECT TO		
Federal	\$22,766	REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
Applicant	\$0			
State \$0		This preapplication/application was made		

Local	\$0	available to the state executive order 1237		
Other	\$0	process for review on 06/09/2005		
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
TOTAL	\$22,766	N		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZE BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.



APPLICATION FOR FEDERAL ASSISTANCE	June 09, 2005	ED	Applicant Identifier		
1. TYPE OF SUBMISSION	3. DATE RECEIVED	) BY STATE	State Application Identifier		
1. TIPE OF SUBMISSION	J. DATE RECEIVE				
Application Non-Construction	4. DATE RECEIVED FEDERAL AGENCY		Federal Identifier		
5.APPLICANT INFORMATION					
Legal Name		Organiza	ational Unit		
Valero Energy Corporation	DECEIVED	Valero E	Energy Corporation		
Address	HEULIVED	Name an	id telephone number of the person to be		
	JUN 0 9 2005		d on matters involving this application		
PO Box 696000	Contract to the second	Anderso	n, Gregory		
San Antonio, Texas 78269-6000	STATE CLEARING HOUSE	(210) 34			
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN)		OF APPLICANT		
74-1828067		Profit Or	Profit Organization		
8. TYPE OF APPLICATION		9. NAM	9. NAME OF FEDERAL AGENCY		
New			Office of State and Local Government Coordination and Preparedness		
10. CATALOG OF FEDERAL D	OOMESTIC ASSISTANCE		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT		
NUMBER: 97.056 CFDA TITLE: Port Secu	rity Grant Program	Enhance	Valero Wilmington Refinery Security Enhancement Project, Port of Long Beach, California. CONGRESIONAL DISTRICT: CA46		
12. AREAS AFFECTED BY PR	OJECT				
Facility access areas both landsid marine vessels. The facilities pro			levices concealed in motor vehicles and		
13. PROPOSED PROJECT		14. CON	GRESSIONAL DISTRICTS OF		
Start Date: Octobe	r 01, 2005				
End Date: July 01	, 2007	a. Appli			
		b. Projec			
15. ESTIMATED FUNDING	0504.252	1	PPLICATION SUBJECT TO REVIEW TE EXECUTIVE ORDER 12372		
Federal	\$504,350	PROCES			
Applicant	\$504,350				
State	\$0		application/application was made to the state executive order 12372		
Local	\$0		For review on 06/09/2005		
Other	\$0				
Program Income	\$0		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		

TOTAL

\$1, 3,700

N

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

Close Window

FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier			
			6/7/2005				
1. TYPE OF SUBMISSION:			3. DATE RECEIVED	BY STATE	State Application Identifier		
Application Construction	Preapplication						
	Construc		4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier		
Non-Construction  5. APPLICANT INFORMATION	Non-Con	struction					
Legal Name:				10			
City of Wes	tmorlan	ā.		Organizational Unit:	7		
Address (give city, county, State,				Municipa.	lity		
355 South Co			Dorr COO	this application (give a	number of person to be contacted	on matters involvi	
Westmorland	, Ca. 9	2281 ( <u>]</u>	. Box 699 [mperial Cour	1	ylor, (760) 344-34	111	
6. EMPLOYER IDENTIFICATION	NUMBER (EI	N):			NT: (enter appropriate letter in bo		
95-6000	8 1 1					x)	
8. TYPE OF APPLICATION:				A. State B. County	H. Independent School Dist.		
New	П с	-		C. Municipal	<ol> <li>State Controlled Institution of H</li> <li>Private University</li> </ol>	igher Learning	
		nuation	Revision	D. Township	K. Indian Tribe		
If Revision, enter appropriate lette	er(s) in box(es)		JEIVED		L. Individual		
			L	11	M. Profit Organization	~	
	ease Award	C. Increase	builation 2005	11 -	N. Other (Specify)		
D. Decrease Duration Other(s	pecify):						
	•	STATE C	LEARING HOUSE	9. NAME OF FEDERA	L AGENCY:		
	· · · · · · · · · · · · · · · · · · ·	O I A I C		USDA RD			
		,		( n n 元			
10. CATALOG OF FEDERAL DO	MESTIC ASSI	STANCE NUM	MBER:	11. DESCRIPTIVE TITI	LE OF APPLICANT'S PROJECT:		
			1 0 - 7 6 6	Youth Ha	ll Renovation		
TITLE: Commu <u>n</u> it	y Facil	ition	Toana	(Repair/	(Repair/replace roofing, tile, flooring, & doors)		
12. AREAS AFFECTED BY PRO	JECT (Cities C	Counties State	nogus	tile, f			
City of West			.s, 610. <i>)</i> .		3,		
13. PROPOSED PROJECT	14. CONGRES	SIONAL DIST	<b>FRICTS OF:</b> 51s	+			
Start Date Ending Date a	a. Applicant						
7/10/06 5/10/07		Westmon	rl and	b. Project			
15. ESTIMATED FUNDING:	CICY OI	Westiloi	Lianu	Youth Hall Renovation  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
				!	ORDER 12372 PROCESS?		
a. Federal	\$	· · · · · · · · · · · · · · · · · · ·	00	- ORDER 12372 PRO	CESS7		
		60,	000	a YES THIS PREAD	PLICATION/APPLICATION WAS	MADE	
b. Applicant	\$		000	AVAILABLE 1	TO THE STATE EXECUTIVE OR	MADE SED 19379	
		۷,	000	PROCESS FO	OR REVIEW ON:	DEN 12372	
c. State	\$	18,	000 .00				
		, ,		DATE6	<u>/7/2005                                   </u>		
d. Local	\$		.00				
e. Other	<u> </u>		00		IS NOT COVERED BY E. O. 123		
e. Other	Þ		•••		RAM HAS NOT BEEN SELECTED	BY STATE	
f. Program Income	<u> </u>		00	FOR REVIE	W	ł	
. I rogram income	P		•	47 10 7115 4 001 10 4 1			
g. TOTAL	<del></del>		00	1	DELINQUENT ON ANY FEDERA	AL DEBT?	
	80,000			Yes If "Yes," att	☐ Yes If "Yes," attach an explanation.		
18. TO THE BEST OF MY KNOWL	EDGE AND B			ATION/PREAPPLICATIO	N ARE TRUE AND CORRECT. T	uc	
DOCUMENT HAS BEEN DULY A	UTHORIZED B	Y THE GOVE	RNING BODY OF TH	E APPLICANT AND THE	APPLICANT WILL COMPLY WIT	TH THE	
ATTACHED ASSURANCES IF TH	IE ASSISTANO	E IS AWARD	DED.		THE COME LETTER		
a. Type Name of Authorized Repres	sentative	b.	Title	c.	Telephone Number		
Henry Graham	(-()		Mayor		(760) 344-3411		
I. Signature of Authorized Represe	htative			e.	Date Signed		
Provious Edition U 1	10000				6-2.05		
Previous Edition Usable					Standard Form 424 (Pov	7.07)	

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f. Program Income	\$	0 '	17. IS THE APPLICANT DELINQUENT ON A	ANY FEDERAL DEBT?
g. TOTAL	\$	3.494.400	☐ Yes If "Yes" attach an explanation.	☑ No
			PPLICATION/PREAPPLICATION ARE TRUE AN	
			F THE APPLICANT AND THE APPLICANT WILI	L COMPLY WITH THE
ATTACHED ASSURANC	ES IF THE ASSISTANCE	IS AWARDED.		
a. Authorized Represent	ative			
Prefix Mr.	First Name Samuel		Middle Name	
Last Name Schuchat			Suffix	
b. Title Executive Officer			c. Telephone Number (give area 510-286-1015	a code)

FOR REVIEW

e. Date Signed

215,000

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d. Signature of Authorized Representative

\$

e. Other

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE	E	2. DATE SUBMITTED		Applicant Iden	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	ion Identifier	
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	fier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Organizational Unit:			
Sacramento Fir Organizational DUNS:	nancial Confe	erences	Department: Administra Division:	tion		
027500011						
Address: Street:			Name and telephone involving this applic		rson to be contacted on matters a code)	
155 E. Third A	Venue		Prefix:	First Name:		
	venue		Mr.	Jon		
Chico			Middle Name Carl			
County:			Last Name			
Butte	Zip Code		Gregory Suffix:			
State:	95926		Odilix.			
Country:			Email:	:		
USA 6. EMPLOYER IDENTIFICATION	ON NUMBER (FIN):		jon@golden Phone Number (give a	Capital. area code)	Fax Number (give area code)	
			1			
	<u> </u>		530-893-88		530-893-8927 k of form for Application Types)	
8. TÝPÊ OF APPLICĂTÍON:	Γ <del></del> 1	r	1	ANT. (See baci	k of form for Application Types)	
∦x <b>Ne</b> If Revision, enter appropriate let	w     Continuation	n Revision	N			
(See back of form for description	n of letters.)		Other (specify)			
			Nonprofit 501(c)6 Corporation 9. NAME OF FEDERAL AGENCY:			
Other (specify)						
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
			Venture Communities Pilot			
TITLE (Name of Program):		1 0-7 6 9	Technical Assistance Project for			
Rural Business 12. AREAS AFFECTED BY PR	: Enterprise	Grant	Small & Emerging Growth Businesses			
				0 = 9 = 1 = 9		
Counties of But	ite, Shasta,	Merced, Lake	ł			
Mendocsin Project			14. CONGRESSION	AL DISTRICTS		
Tuly 1, 2005	Ending Date:		a. Applicant 2		b. Project	
10 ESTIMATED FUNDING:	June 30, 2	3000		SUBJECT TO	REVIEW BY STATE EXECUTIVE	
			ORDER 12372 PROC		WADDI ICATION WAS MADE	
a. Federal \$	70,000	•	a. Yes. X THIS PRI	LE TO THE ST	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$	3	. 00	PROCESS FOR REVIEW ON			
c. State \$	PE		DATE: J	une 6, 2	2005	
d. Local \$	ULIVED I	b. No. IT PROGRA	M IS NOT COV	'ERED BY E. O. 12372		
e. Other	JU	N 0 9 2005			T BEEN SELECTED BY STATE	
f. Program Income \$	10,000	00			NT ON ANY FEDERAL DEBT?	
_	LEARING HOUSE	-				
g. TOTAL \$	Charles of the Control of the Contro	Yes If "Yes" attach	•			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPLI THE APPLICANT AND	CATION ARE T THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative						
Prefix	First Name		Middle Ca	Name		
Mr.	Jon			<u> </u>		

Gregory
b. Title
President & CEO d. Signature of Authorized Representative Previous Edition Usable Authorized for Local Reproduction

Last Name

c. Telephone Number (give area code)
530-893-8828
e. Date Signed Jum 6, 2005 Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Carl Suffix

PAGE 02	
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	TION FO	•			OM	B Approval No. 0348	
	L ASSIST	ANCE	2. DATE SUBMITT	ер е 2, 2005	Applicant Identifier		
1. TYPE OF S  Application  Constru		Preapplication	3. DATE RECEIVE		State Application Identifier		
Non-Co	nstruction T INFORMATIO	Construction Non-Construction		D BY FEDERAL AGENCY	Federal Identifier		
egai Name; California	a Associati	on Future Farmer	s of America	Organizational Unit:			
		te, and zip code): Brove, CA 95759-	0834	Name and telephone this application (give a	number of person to be contacted code)	acted on matters inv	
EMPLOVED	IDENTIFICATI	ON NUMBER (EVN):	-ALIVED	Rosemary Fr	rao-Vernon (805) 473	-3320	
9 5 -	PPLICATION:  No en appropriate le ward  B. De	3 2 6 4  Government of the start of the star	ECLEARING HOUS	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist I. State Controlled Institution J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	<u>M</u>	
				9. NAME OF FEDERA			
		DOMESTIC ASSISTANCE		1	elopment - Community		
	PECTED BY PR	eoJECT (Cities, Countles, Smento, California	<u> </u>	become the hub of provide leadershi	is a 8,000 square foot f of operations for the as p training, satellite cont cation access to state le	sociation. It will ferencing, and	
art Date 7/15/05	Ending Date	a. Applicant		b. Project			
ESTIMATED	4/1/06 FUNDING:	Califor	nia FFA		FFA Center		
				16. IS APPLICATION S ORDER 12372 PRO	UBJECT TO REVIEW BY S	TATE EXECUTIVE	
Federal		S	1,500,000				
Applicant		\$	1,500,000	AVAILABLE	a. YES. THIS PREAFIPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 1: PROCESS FOR REVIEW ON;		
State		\$	,60	DATE			
Local		\$	, GG				
Other		3	.no	☐ OR PROGE	IS NOT COVERED BY E. C RAM HAS NOT BEEN SELEC	D. 12372 OTED BY STATE	
rogram Incom	e	\$	On	FOR REVIE			
OTAL		\$	3,000,000	17. IS THE APPLICANT	DELINQUENT ON ANY FE		
TACHED ASS ype Name of A Dick Piersm	SURANCES IF T Authorized Repr	VLEDGE AND BELIEF, AL AUTHORIZED BY THE GO THE ASSISTANCE IS AWA esentative	L DATA IN THIS APPLI OVERNING BODY OF TI ARDED. D. Title	CATION/PREAPPLICATION HE APPLICANT AND THE	N ARE TRUE AND CORRE APPLICANT WILL COMPL Telephone Number	☑ No CT, THE Y WITH THE	
Ignature of Mu	thorized Repres	entative	Doard of Director		209) 985-6556 Date Signed		
vious Edition U					6-2-05 Standard Form 434	(Da. 7.05)	

APPLICATIO			2. DATE SUBMITTED		Applicant Identifier	ant Identifier		
FEDERAL AS	SISTANO	CE	June 8, 2005					
TYPE OF SUBMISSI     Application		pplication	3. DATE RECEIVED B	Y STATE	State Applicant Identifier			
Construction		onstruction	4. DATE RECEIVED B	BY FEDERAL AGENCY Federal Identifier				
	×Ν	on-Construction						
5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHI				FEDERALAGENCY?	YES NO IF YES, LIST ACR	ONYM(S)		
Legal Name:				Organizational Unit:		- A SANTON OF THE SANTON OF TH		
Metropolitan V	Vater Distr	rict of Southe	rn California	Water Syste	ems Operation/Wa	ter Quality		
Address (give city, cour	ity, state, and zip	o code):	, , , , , , , , , , , , , , , , , , , ,	Name and telephone this application (give		on to be contacted on matters involving		
La Verne Los Angeles Coun	4			1	Lee (909-392-5261)			
California	ty							
91750				ADMIN. CONTA	ACT: Lynn Kelemen (909-	392-5396)		
6. EMPLOYER DENTIFICA	ATION NUMBER (E	======================================		7. TYPE OF APPLICAN	IT: (enter appropriate letterin box	) G		
9 5	5 - 6	0 0 2 0	7 1	A. State	H. Independent Scho			
<u> </u>			······································	B. County	State Controlled I	nstitution of Higher Learning		
8. TYPE OF APPLICAT	ION:			C. Municipal D. Township	<ul><li>J. Private University</li><li>K. Indian Tribe</li></ul>	·		
	☑ New	☐ Continuation	☐ Revision	E. Interstate	L. Individual			
				F. Intermunicipal	<del>-</del>	n		
If Revision, enter approp			rease Duration	G. Special Distric	ct N. Other (Specify)			
A. Increase Award     D. Decrease Duration			lease Duration	9. NAME OF FEDERAL	AGENCY:			
	, ,	•						
				U.S. En	vironmental Protection A	gency - ORD - NCER		
10. CATALOG OFFEDERA ASSISTANCE NUMBER		6 6 .	5 0 0	11. DESCRPTIVE TITL	E OF APPLICANT'S PROJECT:			
TITLE: 2005-STAR	_K1			Development and Evaluation of Innovative Approaches				
IIILE. 2003-31AK -KI				for the Quantitativ	e Assessment of Pathogen	s in Drinking Water		
12. AREAS AFFECTED BY	PROJECT (cities	s, counties, states, etc.):		·				
United States								
Office Class						,		
13. PROPOSED PROJECT:		14. CONGRESSIONA	LDISTRICTS OF:					
Start Date	Ending Date	a. Applicant			b. Project			
Jan 1, 2006 De	ec 31, 2008	Los Angeles,	26th		Los Angeles, 26th			
15. ESTIMATED TOTAL PR	OJECTFUNDING	:	1		BY STATE EXECUTIVE ORDER 12	2372 PROCESS?		
a. Federal	\$ 600,00	0 .00			APPLICATION WAS MADE AVA ER 12372 PROCESS FOR RE	VIEW ON:		
b. Applicant	\$ 050.05	0.00				, LUEINEI		
2777	\$ 653,95	.0	DAT	Ē	6-8-05	_		
c. State	\$	.00		PROGRAM IS NOT CO	VERED BY E.O. 12372	AILABLE TO THE RECEIVED  JUN 0 9 2005  STATE CLEARING HOUS		
d. Local	\$	.00		OR PROGRAM HAS NO	OT BEEN SELECTED BY STA	TE FOR REVIEW HOUS		
e. Other	\$	.00						
f. Program Income	\$ ·	.00	17. IS THE APPLIC	CANT DELINQUENT ON A	NY FEDERAL DEBT?			
g. TOTAL	\$	.00	Yes	If "Yes," attach an exp	lanation.	No		
					E AND CORRECT. THE DOCUME ACHED ASSURANCES IF THE ASS	1		
a. Typed Name of Autho		<del></del>		b. Title		c. Telephone number		
Mic Stewart	1			Water Quality Sect	ion Manager	213-217-5696		
d. Signature of Authorize	ed Representativ	re	•			e. Date Signed		
Many	14 -	and the same of th				6-7-05		
Previous Editions Not Us	able					Standard Form 424 (REV 4-88)		

OMB Approval No. 0348-0043

6617262615

APPLICATION FOR				OMB Approval No. 0348-0043		
		2. DATE SUBMITTED		Applicant Identifier		
FEDERAL ASSISTAN	ICE	6-8-05	- 2			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	, ^·^ /	State Application Identifier		
Application	Preapplication					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction	<u></u>		CA-90- Y342-		
8. APPLICANT INFORMATION			läla-Nal (lalti			
Legal Name:	n Mannait Aust	-hority	Örganizational Unit:			
Antelope Valle	pedrio codelli	THOTICA	Name and telephone of	number of person to be contacted on matters involving		
Address (give city, county, state, 42210 6th Stree		CEIVED	this application (give a	rea code)		
42210 bth stree	J	Courts S W Seemen Land	Ron Cunn	ingnam		
Lancaster, CA		N 0 8 2005	661-729-			
8. EMPLOYER IDENTIFICATION	NUMBER (EIN):	,	7. TYPE OF APPLICA	NT: (enter appropriate letter in box)		
95-4377	1 1 9 STATE (	CLEARING HOUSE	A, State	H. Independent School Dist.		
8. TYPE OF APPLICATION:	OTATE	DELANING HOUSE	B, County	I. State Controlled Institution of Higher Learning		
	<b>—</b>	Revision	C. Municipal	J. Private University		
New	☐ Continuation	Makingin	D. Township	K. Indian Tribe		
If Revision, anter appropriate letter	er(s) in box(es)	] [ ]	E. Interstate	L. individual		
		, <u> </u>	F. Intermunicipal	M. Profit Organization		
// III III II	rease Award C. Incress	e Duration	G. Special District	N. Olher (Specify)		
D. Decrease Duration Others	specify):		9. NAME OF FEDERA	L AGENCY:		
			U.S. Department of Transportation			
			Federal Transit Administration			
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The purchase of upgrade to fare collection equipment, bus stop improvements, support vehicles, and additional funding for Phase II construction and equipment for Maintenance   President Facility.			
Federal Transit		20-507				
Granting (Urban A						
12. AREAS AFFECTED BY PAG Antelope Valle	NECT (Cities, Countes, Se	northern	construction and consponent for			
Los Angeles Co	ounty. Califo	rnia	Maintenance   Poeradions Facility.			
	14. Congressional Di			,		
	ļ		In Destant			
	a. Applicant		b. Project 22 and 25	1		
5/31/00 12/31/06	22 and 25		16 IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE		
IG. COHMINIED PORVING.			ORDER 12372 PF			
a. Federal	\$ 2000		1			
,	3,873,	720	A. YES, THIS PAE	APPLICATION/APPLICATION WAS MADE		
b. Applicant	8	.00		E TO THE STATE EXECUTIVE ORDER 12972		
- 04-1-		.80	-	FOR REVIEW ON:		
c. State	6		DATE	6-8-05		
d. Local	\$		1			
	874,4	135	b. No. D PROGRA	AM IS NOT COVERED BY E. O. 12372		
e. Other	\$	.66		GRAM HAS NOT BEEN SELECTED BY STATE		
			FOR RE	VIEW		
i. Program income	<b>  \$</b>	.00	47 16 TUE ABBLAAA	NT DELINQUENT ON ANY FEDERAL DEBT?		
- TOTAL		60	┥ .			
g. TOTAL	\$ 4,747,4	055	Yes If "Yes,"	attach an explanation. No		
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	ATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE		
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	OVERNING BODY OF TH	IE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF		<del></del>		To Tolland Market		
a, Type Name of Authorized Rep Randy Floyd	resentative	Executive	Director	c. Telephone Number 661-729-2206		
d Signature of Authorized Repre	egentative			e Date Sinned		
	- · · · · · ·			Lo - 8 - 05		

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APPLICATION FOR		2. DATE SUBMITTED 3-20-0万	Applicant Identifier			
FEDERAL ASSISTANCE  1. TYPE OF SUBMISSION	1	3. DATE RECEIVED BY	State Application Identifier			
Application	Preapplication	STATE				
Construction	Construction	4. DAYE RECEIVED BY	Federal Identifier			
X Non-Construction	Non-Construction	FEDERAL AGENCY				
5. APPLICANT INFORMATION Legal Name:		Organizational Unit:				
Western Shasta RC	1)					
Address (give city, county, state, and zip coo	le):	T this application (give area cod	of the person to be contacted on matters involving e)			
Anderson CA 9	RECEIVED ARECEIVE	ED530.365-7372				
6. EMPLOYER IDENTIFICATION (EIN):	JUN 0 8 2	7. TYPE OF APPLICANT: (enter appropriate letter here)				
		A. State	H. Independent School District			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 3 TATE CLEARING	B. County  HOUSE C. Municipal	State Controlled Institution of Higher Learning     Private University			
8. TYPE OF APPLICATION:	Control Designation of the State of Sta	D, Township	K. Indian Tribe			
	Who and ada a	E. Interstate	L. Individual			
New Continuation	Revision	F. Intermunicipal M. Profit Organization				
If Revision, enter appropriate letter(s) in bo	ox(es):	G. Special District N. Other (Specify):				
	rense Award	9. NAME OF FEDERAL AGENCY:				
	crease Duration	ESPA				
10. CATALOG OF FEDERAL DOMESTIC	'ASSISTANCE NUMBER	11. DESCRIPTIVE TITLE OF	APPLICANTS DEC IECT			
	/ ASSISTANCE NOMBER	Tdentifyin	g status and			
66696	/		Justland habitat			
LITLE: WET land Pr			wetland habitat			
12. AREAS AFFECTED BY PROJECT (cit)	es, countles, statos, etc.):	In the low	ver Clear Creek			
Shasta County C	A		<b>4</b>			
<b>,</b>		Wall	ershed			
13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICT OF:					
Slart Date End Date	a. Applicant:		b. Project			
9-1-05 5-1.07	3					
15. Estimated Funding:	8 21 6 1	ORDER	UBJECT TO REVIEW BY STATE EXECUTIVE			
a. Federal	\$ 37,831	12372 PROCESS?				
b. Applicant	\$	TO THE STATE EXE	ION/APPLICATION WAS MADE AVAILABLE CUTIVE ORDER 12372 PROCESSES FOR			
c. Stale \$ 12,610		DATE 6/8/05				
d. Local \$		b.( NO ) PROGRAM IS NOT COVERED BY E.O. 12372				
a. Other \$		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL	s 50,441	YES If "Yes" attach an explanation.				
18. TO THE BEST OF MY KNOWLEDGE AI DOCUMENT HAS BEEN DULY AUTHORIZ ATTACHED ASSURANCES IF THE ASSIS	ZED BY THE GOVERNING B	HIS APPLICATION/PREAPPLIC BODY OF THE APPLICANT AND	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE			
Typed Name of Authorized Representative		b. Title:	c. Telephone Number			
d. Signature, of, Authorized Representative	<u>er</u>	Manager	530-365-733 - e. Date Signed			
Maria Doh	noodoal		3-20.05			
Trevious Editions Not Usable	AUTHORIZED FOR LOC	AL REPRODUCTION	Standard Form 424 (REV 7-97)			

APPLICATION FOR					Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/7/05		Applicant Ider	Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application 3. DATE RECEIVED B				ion Identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identi	fier		
Non-Construction	Non-Construction			N/A			
5. APPLICANT INFORMATION			1				
Legal Name:			Organizational Department:	al Unit:			
San Francisco Department of P	ublic Health		Department.	lutrition Services			
Organizational DUNS: 103717	336	Marie I I I I I I I I I I I I I I I I I I I	Division: Community Health Services				
Address:	QF(	EVED			phone number of person to be contacted on matters		
Street.	II II Present A		involving this Prefix:	application (give are First Name:	a code)		
30 Van Ness Avenue, Suite 260	1111	0 7 2005   Prenx:		Maria			
City: San Francisco		Middle Name					
County: San Francisco		LEARING HOUSE	Last Name LeClair				
State: CA	Zip Code 94102		Suffix: MPA, RD				
Country:			Email:	\			
USA 6. EMPLOYER IDENTIFICATION	M NI IMRED (EIAI):		maria.leclair@	r (give area code)	Fax Number (give area code)		
			415-575-5686	r Igive area seaso,	415-575-5695		
9 4 -6 0 0 0 4 1 7 8. TYPE OF APPLICATION:				PPLICANT: (See bad	k of form for Application Types)		
☑ Nev	v	n F Revision	,				
If Revision, enter appropriate lett	er(s) in box(es)	1 1/CAISION	County				
(See back of form for description	of letters.)		Other (specify)				
Other (specify)		•	9. NAME OF FEDERAL AGENCY: Department of Health & Human Services				
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
	മര ഭവ	San Francisco Food Security Task Force					
TITLE (Name of Program): Department of Health and Human Services Community Food & Nutrition Program				,			
12. AREAS AFFECTED BY PR			İ				
City & County of San Francisco							
13. PROPOSED PROJECT		· · · · · · · · · · · · · · · · · · ·	14. CONGRES	SIONAL DISTRICTS	OF:		
Start Date:	Ending Date:		a. Applicant b. Project				
12/01/05 15. ESTIMATED FUNDING:	11/30/06		5th	ATION CUID IECT TO	5th		
15. ESTIMATED FORBING.			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
a. Federal \$		49,795	a. Yes. 🔲 TH	IIS PREAPPLICATION	/APPLICATION WAS MADE		
b. Applicant \$		45,135	1	ROCESS FOR REVIEV	ATE EXECUTIVE ORDER 12372		
c. State \$		•		ATE:			
d. Local \$		-00	b. No. 🖾 PR	OGRAM IS NOT COV	ERED BY E. O. 12372		
e. Other \$		·		R PROGRAM HAS NO OR REVIEW	T BEEN SELECTED BY STATE		
f. Program Income \$		, Od			NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		49,79 <b>5</b>	Yes If "Yes"	" attach an explanation	. 🗹 No		
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	ALL DATA IN THIS APP	LICATION/PRE	APPLICATION ARE T	RUE AND CORRECT. THE		
OCCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Authorized Representative							
Prefix First Name Barbara				Middle Name			
Last Name Garcia		Suffix					
b. Title Director, Community H		c. Telephone Number (give area code)					
d. Signature of Authorized Repre			415-255-3525 e. Date Signed				
- I - 1	100			/n/	7/05		

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ADDI ICATION E	·				OMB Approval No. 0348-0043		
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED June 1	10, 2005	Applicant Identifier			
TYPE OF SUBMISSION     Application	Preapplication	3. DATE RECEIVED B	3Y STATE	State Applicant Identifier			
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
Non-Construction     Non-Construction	☐ Non-Construction						
5. APPLICANT INFORMATIC							
	er Community College Dis	strict	Organizational Unit:	University Center Export Prog	gram		
Address (give city, county, sta 550 East Shaw Ave Fresno, CA 93710-	enue, Suite 155 7702		Name and telephone number of person to be contacted on matters involving this application (give area code)  Candy Hansen, Project Director, University Center Export Program 1-888-638-7888  (559) 241-6566				
6. EMPLOYER IDENTIFICAT	TON NUMBER (EIN):		7. TYPE OF APPLIC	7. TYPE OF APPLICANT: (enter appropriate letter in			
9 4 — 1 5 7 4 8 0 2  8. TYPE OF APPLICATION:  New  Continuation Revision  If Revision, enter appropriate letter(s) in box(es):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)				
A. Increase Award     D. Decrease Duration	B. Decrease Award C.   Other (specify):	Increase Duration	9. NAME OF FEDER	RAL AGENCY:			
	* * * * * * * * * * * * * * * * * * * *	!	U.S. Department of Commerce				
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE A		Economic Development Administration				
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE N	NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
		3 0 3	University Center Export Program				
TITLE: Economic Develo	ـــا اــــــا opment - Technical Assista	ance	Technical Assistance - University Center Program				
12. AREAS AFFECTED BY PROJE							
13. PROPOSED PROJECT:	14. CONGRESSI	IONAL DISTRICTS OF	I F:				
Start Date Ending Da	ate a. Applicant		b. Project				
7/1/2005 6/30/2	2006	19th		3; 15-20; 37 8	₹ 45		
15. ESTIMATED FUNDING:			16. IS APPLICA	ATION SUBJECT TO REVIEW E			
a. Federal	\$	110,000.00	00000 400	372 PROCESS?	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
b. Applicant	\$	40,000.00	O AV	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THESTATE EXECUTIVE ORDER 12372			
c. State	ECEIVED	.00	0	PROCESS FOR REVIEW ON:			
d. Local	s 7 2005	.00		PROGRAM IS NOT COVERE	=D BV E O 12372		
e. Other	S CI EARING HO!	STATE CLEARING HOUSE .00		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. Program Income	STATE VILLE	.00			W FEDERAL DEDTO		
g. TOTAL	\$	150,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  Yes If "Yes," attach an explanation. No				
18. TO THE BEST OF MY KN BEEN DULY AUTHORIZED BY ASSISTANCE IS AWARDED.	OWLEDGE AND BELIEF, AI Y THE GOVERNING BODY C	LL DATA IN THIS API OF THE APPLICANT /	PLICATION/PREAPPL AND THE APPLICANT	ICATION ARE TRUE AND COI WILL COMPLY WITH THE AT	RRECT. THE DOCUMENT HAS TACHED ASSURANCES IF THE		
a. Typed Name of Authorized R	Representative as Brinkley	b. Title	ce Chancellor Finance & Admin. (559) 244-5910				
d. Signature of Authorized Repr		VI	Ice Chancellor Fi	inance & Admin.	(559) 244-5910 e. Date Signed		
evious Editions Usable							

JUN-07-2005	5 11:03	U	CR OFFICE O	F RESEARCH		951 827 4483 P. 02/0	
ADDLICATION	LEOD		DATE SUBMITTED		Applicant Identifier		
APPLICATION FEDERAL AS:		E				•	
1. TYPE OF SUBMISSIO		<u> </u>	3, DATE RECEIVED BY STATE		State Applicant Identifier		
Application		diantion					
☐ Construction	☐ Cor	uestration [	4. DATE RECEIVED BY	PEDERAL AGENCY	Federal identifier		
☐ Non-Construction		n-Construction					
5. APPLICANT INFORMATIO	N ISTMISP	ROPOSAL BEING 5U	BMITTED TO ANOTHER I	FEDERAL AGENCY?	YES NO IF YES, LIST ACRON	IAM(8)	
Legal Name:		10.0		Organizational Unit:	Tanian autom		
Regents, Unive				College of Engineering			
Address (give city, count 200 University Office		code);		Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code)			
Riverside, CA 9252				FI; Mark Matsumoto matsumot@engr.ucr.edu (951) 827 -2942			
,				ADMIN, CONTACT: Cheryl Gerry cgerry@engr.ucr.edu (951) 827-4355			
A. EMPLOYER IDENTIFICA	LIOK ROMBEK (E	N):		7. TYPE OF APPLICA	NT: (enter appropriate latter in Dox)		
9 5	- 6	0 0 6 1	4 2	A State	H. Independent School		
				B. County	I. State Controlled Ind J. Private University	stitution of Higher Learning	
B. TYPE OF APPLICATI	ON:			C. Municipal . D. Township	K. Indian Tribe		
	☑ New	☐ Continuation	☐ Revision	E. Interstate	L. Individual	<u>.</u>	
			F1	F. intermunicipal	Y		
tf Revision, enter appropri	nama Hermer(K) in D B. Decares		norease Duration	C. Optimite			
D. Decrease Duration				A. NAME OF FEDERA	L AGENCY:		
			or annual contraction	U.S. Environmental Protection Agency - ORD - NCER			
10. CATALOG OF FEDERAL DOMESTIC 6 6 . 5 0 0				11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:			
TITLE: 2003-STAR - 2005 NCER 26				Reinwater Harveging: A Simple Means of Supplementing California's Thirt for Water			
12. ARBAS APPECTED BY	PROJECT (vittes,	COUNTIES, FORES, AC.	<u>)</u> .			RECEIVED JUN 7 2005	
,						JUN	
Riverside, LA Count	d <b>e</b> s			7 2005			
11. PROPOSED PROJECT:		14. CONGRESSION	AL DISTRICTS OF:	b. Project			
Start Date	Ending Date	a. Applicant			b. Project	THE HOUSE	
9/2005 5/2	2006			•		The state of the s	
15. ESTIMATED TOTAL PR	OJECT FUNDING:		16. IS APPLICATE	ON BUBLIECT TO REMEN	W BY STATE EXECUTIVE ONDER 12	372 PROCESS?	
a, Fadarai	<b>\$ 10,000</b>	, .	a. YES. TH	(IS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE TATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. Applicant	ξ	.00 DATE June 7,			June 7, 2005		
a. Starto	s .00 b. NO. 🗍 PR			PROGRAM IS NOT COVERED BY E.O. 12372			
d Local	\$		00	OR PROGRAM HAS I	NOT BEEN SELECTED BY STAT	E FOR REVIEW	
e. Other .	C .		00				
f. Program Income				CANT DELINGUENT ON A			
g. TOTAL 10,000 .00 Yes if Yes," attrach an explanation. No					1117		
	16. YO THE HEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ABBURANCES IF THE ASSISTANCE IS AWARDED.						
a. Typed Name of Authorized Representative b. Titl					manage resident and it frib Add	c. Telephone number	
Ruben Gomez				Sr Contract & Gra	ant Analyst	(951) 827 -5535	
d Signature of Authorized Filephacomative Luner B. Lower				<u></u>		e. Data Signed	
Previous Editions Not Us Prescribed by OMB Circ			Authorized Nit	ocal Reproducti	ion 🗸	Standard Form 424 (REV 4-84)	

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

, 1			) .					
APPLICAT FEDERAL	ION FOR ASSISTANCI	7.	California Cleannghouse 916.323-301		VIE SUBMITTED  • 4, 2005	Applicant Identifier R9 Tracking Number 04-430		
1. TYPE OF SUBMIS		1	916.323 - 301	8	TE RECEIVED BY STATE	Suite Application Identifier A009059-04-1		
Application  Construction		Pre				7,009039-07-1		
Non-Construction			on-Construction	1. D.	ATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFO	RMATION -DUNS# 00-9	381646						
Logal Name: San Die	go County Air Pollut	on Cor	atrol District	Orga	nizational Unit: San Diego County Air Pol	lution Control District		
Address (give city, county, state, and zip code): 9150 Chesapeake Drive San Diego, Ca. 92123-1096  RECEIVED			Name and (elephone number of the person to be contacted on matters involving this application (give area code)  PATRICIA SALY - Tel. No. (858) 650-4506					
6. EMPLOYER IDEN'	HEICATION (EIN):		JUN 0 6 2005	7. TYPE OF APPLICANT: (enter appropriate letter here). G				
8. TYPE OF APPLICATION: 9. New Continuation Revision If Revision, enter appropriate lener(s) in box(es):  A. Increase Award C. Increase Duration Other Specify:  STATE CLEARING HOLE STATE CLEARING HOLE Discrease Award D. Decrease Duration				ISE	A. State H. Independent School District			
				9. N/	ME OF FEDERAL AGENCY: US Environme	ental Protection Amagu/Region IV		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 6 6-001 TITLE: SECTION 105 GRANT  12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):				11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: County Air Pollution Control Program maintenance of basic Air Pollution Control program and regional cooperative air quality planning process. Preparation, updating & implementation of plans for attaining & maintaining national ambient air quality standards.				
13. PROPOSED PROJE	cr:	14. CC	ONGRESSIONAL DISTRICT OF:					
Start Date	End Date	а, Арр		-				
10-01-04	09-30-05	41, 42,				b. Project		
15. Estimated Funding				16.	IS ARRIVATION SUBJECT TO DISTRE	41.42, & 43 ( Countywide)		
a. Federal		\$ 1,7	52,926.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDE 12972 PROCESS?				
b. Applicant			32,302.00 \ 16,499.802	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE / TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FO		CATION WAS MADE AVAILABLE 12372 PROCESSES FOR REVIEW		
e. State		_	57,500.00		ON: DATE	-		
d. Local		\$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	h, NO.				
e. Other		☐ PROCRAM IS NOT COVERED BY E.O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW						
Г. Ргодтат Іпсони	f. Program Income			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL \$ 18,252,728.00		52,728.00	☐ Yes If Yes' attach an explanation.  X No					
18. TO THE BEST DULY THE ASSIST	ST OF MY KNOWLEDG AUTHORIZED BY THI ANCE IS AWARDED.	E AND I E GOVE	BELIEF. ALL DATA IN THIS APPL RNING BODY OF THE APPLICAN		N/PREAPPLICATION ARE TRUE AND COR THE APPLICANT WILL COMPLY WITH TH			
a. Typed Name of Audiori					Director, APC	c. Telophone Number (858) 650-4503		
d. Signature of Authorized	d. Signature of Authorized Representative					c. Date Signed		
PATRICIA SALY - Chief, Air Polluton Co				DEOCG :	May 4, 2005			
	8	سل ا	AUTHORIZED FOR LOCA	L REPR	ODUCTION MAY 0 9 2005	Standard Form 424A (REV +98) Proscribed by OMB Circular A-102		

# Application for Federal Assistance

### U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

					Land the second of the second
Type of Submission	2. D	ate Submitted 06/10	0/2005 4. HUD	Application Number	
x Application	Preapplication 3. D.	ate and Time Received by HUD	5. Existi	ng Grant Number	
			6. Applic	cant Identification Nu	mber .
7. Applicant's Legal Name United Cerebral Palsy/Spaatic Children's Foun	AVAID HELD	8. Organizational Unit			
United Cerebral Palsy/Spaatic Children's Foun	dation of Los Angeles and Ventura Cour	lios			
9. Address (give city, county, State,	and zip code)	10. Name,title,telephone ni	umber,fax numb	er, and e-mail of the	person to be
A. Address: 6430 Independence	Avenue .	contacted on matters involved	ving this applicat	tion (including area o	odes)
B. City: Woodland Hills		A. Name: Jim P. Hudsor	п		
C. County: Los Angeles		B. Title: Director of Fin			
D. State: California	•	G. Phone: 818-782-2211			
E. Zip Code: 91367-2067		D. Fax: 818-909-9106	· ·		
		E. E-mail: Jlm_hudson@i	ucple.org	•	
11. Employer Identification Number (	(EIN) or SSN	12. Type of Applicant (ente	er appropriate let	ter in box)	N ·
95-164	48203	A. State	I. Univ	ersity or College	
		B. County	J. Indi	an Tribe	
13. Type of Application		C. Municipal	K. Trib	ally Designated Hou	sing Entity (TDHE)
X New Continuation	Renewal Revisio	n D. Township	L. Indi	vidual	
	• <b>•</b>	E. Interstate	M. Pro	fit Organization	
If Revision, enter appropriate letters i	in box( <del>e</del> s)	F. Intermunicipal	N. Nor	n-profit	•
A. Increase Amount B. Decrease Am	ount C. Increase Duration	G. Special District	O. Put	olic Housing Authorit	<b>y</b> .
D. Decrease Duration E. Other (Spec	cify)	H. Independent School Di	istrict P. Oth	er (Specify)	•
		14. Name of Federal Agend	CY		
		U.S. Department of Ho	-	ban Developmen	<u> </u>
15. Catalog of Federal Domestic Ass	ilstance (CFDA) Number	16. Descriptive Title of App	olicant's Program		
	14 181	Glendale Affordable Apai	rtments: New co	nstruction of a 24-u	nit permanent
Title: Section 811		housing independent livir	ng accesible apa	artment building in G	lendale,
Component Title: Supportive Hou	using for Persons with Disabilit	ies California for low-income	a developmentali	y disabled adults.	
17. Areas affected by Program (boro		:	•		
indian Reservation, etc.) City of		<i>,</i> ,			
Califon	nia ·				
18a. Proposed Program start date 3/15/07	18b. Proposed Program end.d 3/15/08	ate 19a. Congressional District		19b. Congressional Program	Districts of 29
20. Estimated Funding: Applicant m	rust complete the Funding Ma	atrix on Page 2.			
21. Is Application subject to review by	v State Executive Order 12372	Process?			
A. Yes X This preapplication			2372 Process for	r review on: DateCX	loclos
	vered by E.O. 12372	Po	20, 21, 100000 10		-
l H	een selected by State for review		DEC	5 B	I
22. Is the Applicant delinquent on any	The same of the sa		HEGI	<del>-WED-</del>	
Yes If "Yes," explain below				Leading Briefly	
			· JUN 0	<b>6</b> 2005	•
				1	
		Is	STATE CLEAR	RING HOUSE	
			The American	""G HOUSE	
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	•				
The same of the sa			taret restauta total di ciona di sancti.		

	Fur	ndina	Matrix
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The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Section 611	3,147,792.00	250,000.00			2,042,026.00	4,156,000.00	100,000.00		9,696,629.0
					- Att			The second se	0.00
				,					0.00
									0.00
					,				0.00
Grand Totals	3,147,792.00	250,000.00	0.00	0.00	2,042,026.00	4,156,000.00	100,000.00	0.00	9,695,818.0

For FHIPs, show both initiative and component

#### Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to almilarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official	Ilm	1).ll	Name (printed)	Ronald S. Cohen	
Title	c.	E.O.		Date (mm/dd/yyyy) 05/3//2005	

Previous versions of HUD-424 and 424-M are obsolete.

Page 2 of 2

form HUD-424 (01/2003) ref. OMB Circular A-102

# Application for Federal Assistance

## U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

Type of Submission	2. Date Submitted 06/10/2005 4. HUD Application Number
	Date and Time Received by HUD     5. Existing Grant Number
	6. Applicant Identification Number
7. Applicant's Legal Name Homes for Life Foundation	8. Organizational Unit
9. Address (give city, county, State, and zip code) A. Address: 8939 S. Sepulveda Blvd, Suite 460 B. City: Los Angeles C. County: Los Angeles D. State: California E. Zip Code: 90045-3653	10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)  A. Name: Carol Liess  B. Title: Executive Director  C. Phone: 310-337-7417  D. Fax: 310-337-7413  E. E-mail: clless@homesforlife.org
1.1. Employer Identification Number (EIN) or SSN 33-0248725	12. Type of Applicant (enter appropriate letter in box)  A. State I. University or College B. County  J. Indian Tribe
	C. Municipal K. Tribally Designated Housing Entity (TDHE)  D. Township L. Individual  E. Interstate M. Profit Organization
If Revision, enter appropriate letters in box(es)  A. Increase Amount B. Decreese Amount C. Increase Duration  D. Decrease Duration É. Other (Specify)	H. Independent School District P. Other (Specify)  14. Name of Federal Agency
15. Catalog of Federal Domestic Assistance (CFDA) Number  14  Title: Section 811  Component Title: Supportive Housing for Persons with Dia  17. Areas affected by Program (boroughs, citles, counties, Stational Reservation, etc.) City of Los Angeles, Los Angeles County, California	Independent living accesible apartment building in Van Nuys, California for low-income mentally III adults.
18a, Proposed Program start date 3/15/07 18b. Proposed Program 3/15/08	35th Program 28th
20. Estimated Funding: Applicant must complete the Fundi 21. Is Application subject to review by State Executive Order 1 A. Yes X This preapplication/application was made at B. No Program is not covered by E.O. 12372 Program has not been selected by State for 22. Is the Applicant delinquent on any Federal debt?  Yes If "Yes," explain below or attach an explanation.	vailable to the State Executive Order 12372 Process for review on: Date 06/06/05  r review.  RECEIVED  JUN 0 6 2005
	STATE CLEARING HOUSE

### Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD	Applicant	Other HUD	Other Federal	State	Local/Tribal	Other	Program	Total
Gian( Program	Share	Match	Funds	Share	Share	Share	Out.or	Income	70.0
Supportive Housing	3,137,830,00				1,638,452.00	1,225,000.00	123,558.00		G,124,840.00
				,					0.00
COMMUNICATION CONTRACTOR OF THE CONTRACTOR OF TH							·		0.00
					·				0.00
							•		0.00
Grand Totals	3,137,830.00	0.00	0.00	0.00	1,636,452.00	1,225,000.00	123,558.00	0.00	6,124,840.00

For FHIPs, show both initiative and component

#### Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official	~	Name (printed)	Carol M. Liess
Title	Executive Director		Date (mm/dd/yyyy) 06 · 03 · 45

APPLICATION FOR	1				Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED June 6, 2005		Applicant iden	tifier		
1. TYPE OF SUBMISSION:	3. DATE RECEIVED BY STATE			State Applicati	State Application Identifier		
Application Construction	Pre-application Construction	4. DATE RECEIVED BY	FEDERAL AGEN	ICY Federal Identif	ier		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION	I NON-CONSTITUTION						
Legal Name:			Organizational Department:	Unit:			
San Francisco State University			Romberg Tiburo	on Center for Environr	nental Studies		
Organizational DUNS: 942514985	PETER SECURITION OF THE PROPERTY AND ADDRESS OF THE PETER SECURITION OF THE PE	Mort hazer TO AMPANATOR S.M. / S. Translations a Mort Mort Condition of St. Translation	Division:				
Address: Street:	- DECE	TA / France process		phone number of pe application (give are	rson to be contacted on matters		
3152 Paradise Drive		V	Prefix:	First Name: Katharyn	0 00007		
City: Tiburon	JUN 0	<b>6</b> 2005	Middle Name Elizabeth	TRACIEIYII			
County:			Last Name				
Marin State:	Zip STATE CLEAR	RING HOUSE	Boyer Suffix:				
California	94920-1205						
Country: USA			Email: katboyer@sfsu.	.edu_			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN'):		Phone Number	(give area code)	Fax Number (give area code)		
93-1137247			415-338-3751		415-435-7120		
8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT: (See bac	of form for Application Types)		
₩ Nev		n Revision	7				
If Revision, enter appropriate lette (See back of form for description			Other (specify)				
Other (specify)  9. NAME O				ME OF FEDERAL AGENCY: A			
10. CATALOG OF FEDERAL	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTI	VE TITLE OF APPLI	CANT'S PROJECT:		
TITLE (Name of Program): Habitat Conservation		11-463		eagrass Zostera mari /aluation of a seeding	na in San Francisco Bay: technique		
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	, Stales, etc.):	-				
Counties							
13. PROPOSED PROJECT	[F-11   B ]			SIONAL DISTRICTS			
Start Date: May 1, 2005	Ending Date: February 23, 2006		a. Applicant 6 (Romberg Cer	nter)	b. Project β, 7, 13		
15. ESTIMATED FUNDING:			16. IS APPLICA		REVIEW BY STATE EXECUTIVE		
a. Federal \$		60,000	2 Yes THI	SPREAPPLICATION	/APPLICATION WAS MADE		
b. Applicant \$		34,364	_\ ^∨′	OCESS FOR REVIEW	ATE EXECUTIVE ORDER 12372 VON		
c. State \$			DAT	TE: 6/6/05			
d. Local \$	-		No IT PRO	OGRAM IS NOT COV	ERED BY E. O. 12372		
e. Other \$		2,400	☐ OR	PROGRAM HAS NO	T BEEN SELECTED BY STATE		
f. Program Income \$		2,700		R REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$	· · · · · · · · · · · · · · · · · · ·	96,764	Yes If "Yes"	attach an explanation	. ⊠No		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	ALL DATA IN THIS APP GOVERNING BODY OF	LICATION/PREA	PPLICATION ARE T	RUE AND CORRECT. THE		
a. Authorized Representative							
Prefix Dr.	First Name Kalharyn			liddle Name Elizabeth			
Last Name Boyer			S	Suffix			
b. Title Assistant Professor				. Telephone Number 115-338-3751	(give area code)		
d. Signature of Authorized Repre	sentaliye Kaliman	m & Bon	n e	. Date Signed 6	6/05		
Previous Edition Usable Authorized for Local Reproductio	n /	0			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102		

APPLICATION FOR	2. DATE SUBMITTED		Applicant identifi	er
FEDERAL ASSISTANCE	6/6/05			and the second s
1.TYPE OF SUBMISSION:	3. DATE RECEIVED BY STAT	E	State Application	Identifier
Application Preapplication			1	DECEIVED
	4. DATE RECEIVED BY FEDE	RAL AGENCY	Federal Identifier	The same and the s
				JUN 0 6 2005
5. APPLICANT INFORMATION				1 JUN 11 0 E3
	Canagaration and [	Organization	al linie	LOUISE
Legal Name: North Coast Resource Address (give city, county, state, and zip code):	Conservation and L	Name and te	denhane number o	Hegspathbolzentacted on matters Involving
1		this applicati	lon (give area cod	6)
1301 Redwood Way, Suite 215				and the state of t
Petaluma, Calif. 94954		Roye	rly Maccon	(707) 953-9301
			<u>-</u> -	<del></del>
6. EMPLOYER IDENTIFICATION (EIN):		7. TYPE OF	APPLICANT: (ente	r appropriate letter in box)
6  8	9  4  1	A B404	14	N. Industrial School Died
		A. State B. County	y l.	Independent School Dist. State Controlled institution of Higher Learning
8. TYPE OF APPLICATION:		C . Municip D. Towns	śal J.	Private University Indian Tribe
☐ Now 🗹 c	entinuation Revision	E. Intersti	Bte L.	Individual
		F. Intermu G. Special	ınicipal M.   District N.	Profit Organization Other (Specify)
If Revision, enter appropriate letter(s) in	1 🗂			
A. Increase Award B. Decrease Award	c. Increase Duration			
D. Decresse Duration Other (specify):				
		9. NAME OF	FEDERAL AGENC	:Y:
		N:	atural Reso	urces Conservation Service
10. CATALOG OF FEDERAL DOMESTIC ASSISTAL	NCE NUMBER:	11. DESCRIF	PTIVE TITLE OF A	PPLICANT'S PROJECT:
1	0 - 9 0 1	Imp	lementation	of the RC&D Area Plan
		and	Annual Wo	ork Plan
TITLE: 12. AREAS AFFECTED BY PROJECT (Cities, Coun	tion States atc.	-	,,,	·····
12. AREAS AFFECTED BY PROJECT (Cities, Coun	DOS, States, etc./			
Marin Canama Laka Ma	andocina Co. CA			
Marin, Sonoma, Lake, Me		<u> </u>		
	RESSIONAL DISTRICTS	Dr.:	lost.	
Start Date Ending Date a. Applicant		u. 710	-	
9/7/04 10/31/06 1,6			1,6	TO DEMEN ON PRATE EVENITIVE
15. ESTIMATED I	FUNDING	16. 15	APPLICATION SU RDER 12372 PRO	BJECT TO REVIEW BY STATE EXECUTIVE
la. Federal \$	15,00	اممما		
a. Federal	15,00	0.00 a	A. YES, THIS PRE	APPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER
h Analisant				OCESS FOR REVIEW ON:
b. Applicant \$		_	.,	
	-			
c. State			DATE	6/6/05
			_	
d. Local \$		Ь	, NO PROG	FRAM IS NOT COVERED BY E.O. 12372
		_		
e. Other \$				ROGRAM HAS NOT BEEN SELECTED BY E FOR REVIEW
			0.2.	
f. Program income \$		17. 19	THE APPLICANT	DELINQUENT ON ANY FEDERAL DEBT?
			7,,, ,,	lanation) NO
g. Total \$	15,00	0.00	YES (Attach exp	lanation) NO
	· · · · · · · · · · · · · · · · · · ·			
18. TO THE BEST OF MY KNOWLED	SE AND BELIEF, ALL DAT	TA IN THIS	APPLICATION	VPREAPPLICATION ARE TRUE AND
CORRECT, THE DOCUMENT HAS BE APPLICANT WILL COMPLY WITH THE	EN DULY AUTHORIZED	BY THE G	OVERNING B	ODY OF THE APPLICANT AND THE
<u> </u>		-> II' (	AGGIGTANCE	
a.Type Name of Authorized Representative	b. Title			c. Telephone Number
Beverly Wasson	Pre	sident		(707) 953-9301
d Signature of Authorized Representative				e. Date Signed
Sure a Ivas	for			6/1/05
Previous Edition Usable				STANDARD FORM 424 (REV. 4-82)

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FEDERAL ASSISTA	NCE	2. DATE SUBMITTED April 5	. 2005	Applicant Identifier	
1. TYPE OF SUBMISSION:	T	3. DATE RECEIVED BY		State Application Identifier	
Application Construction X Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
Woodlake Redevelo			Name and talenhans		-1
350 N. Valencia I	·		this application (give a	number of person to be contacte rea code)	d on matters involving
Woodlake, CA. 932	286				
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN): 4 5 8			ANT: (enter appropriate letter in t	box)
8. TYPE OF APPLICATION:			A. State	H. Independent School Dist.	
	-	<b></b>	B. County C. Municipal	State Controlled Institution of     Private University	Higher Learning
X Nev	v Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lett	ter(s) in box(es)		E. Interstate	L. Individual	
			F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec D. Decrease Duration Other(	crease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Official	specify).		9. NAME OF FEDERA	A AGENCY:	
			į.	DEVELOPMENT	
			USDA KUKAL	DEVELOPMENT	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJEC	OT:
		10 -766	PURCHASE O	F WOODLAKE AIRPORT	PROPERTY
TITLE:	-			•	
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, Sta	tes, etc.):			
Woodlake, Califo	ornia 93286				•
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
6/1/05   12/31/05	DEVIN NUNES		DEVIN NUNES		
15. ESTIMATED FUNDING:			1	SUBJECT TO REVIEW BY STA	ATE EXECUTIVE
a. Federal	\$ 650,000.	00	ORDER 12372 PR	OCESS?	
a. r odora	Ψ 030,000.	•	a. YES. THIS PREA	PPLICATION/APPLICATION W	AS MADE
b. Applicant	DECEIVE		AVAILABLE	TO THE STATE EXECUTIVE (	
c. State	\$ TEVLIV	.00	11100200	OTT THE VIEW OIV.	
d. Local	\$ JUN 6 20	105	DATE		
- 04	A	HOUSE   ®		M IS NOT COVERED BY E. O.	
e. Other	\$ STATE CLEARING	H003L   .w	OR PROG FOR REV	GRAM HAS NOT BEEN SELECT TEW	ED BY STATE
f. Program Income	\$	.00	17 IS THE ADDITION	IT DELINQUENT ON ANY FED	EDAL DERTO
g. TOTAL	\$ 650,000.	0.		attach an explanation.	X No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALL	DATA IN THIS APPLIC	L ATION/PREAPPLICAT	ION ARE TRUE AND CORREC	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE GO</b>	VERNING BODY OF THI	E APPLICANT AND TH	E APPLICANT WILL COMPLY	WITH THE
a. Type Name of Authorized Rep		b. Title		c. Telephone Number	
William Lewis  d. Signature of Authorized Repres	sentative .	City Adminis		(559) 564-8055	
Signal of Marion 25 of Marion 2	WH _			e. Date Sig/led	
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application 23. Federal assista	'05 11:56AM AQMI NCE	^	NCE jal 为		DATE SUBMITTED		AppP. 3 Identities
1. TYPE OF SUBMISSION Application	N	Preapplicat	ion		3. DATE RECEIVED BY .TE	Stat	Application Identifier
☐ Construction  ✓ Non-Construction		□ Constru □ Non-Co			4, DATE RECEIVED BY FEDERAL AGE!	NCY Fed	eral Identifier
5. APPLICANT INFORM	ATION						**
Legal Name: SOUTH COAST A	IR QUALITY MANA	GEME	NT DISTRICT		Organizational Unit:		
Address (give city, county, 21865 COPLEY)	DRIVE				Name and telephone number of the person to application (give area code)  Mary Leonard (909) 396-27	80	
6. EMPLOYER IDENTIF 953099419  8. TYPE OF APPLICAT.  V New	ION: Continuation	STATE (	CEIVED IN 0 3 2005	1 1	B. County I. State Learni C. Municipal J. Pri D. Township K. La E. Interstate L. International M. Pri	dependent Sch le Controlled ing vate Universi dian Tribe dividual rofit Organizi	nool District Institution of Higher
If Revision, enter appropriate A. Increase Aw C. Increase Dut C. Other Specify:	inte letter(s) in box(e3): 🗆 🗀 ard 🖂 B. Deccens	e Award			U.S. Environmental Protection	on Agend	;y
TITLE: Air	NCE NUMBER: 66.034 Pollution Control Program Supp		·		11. DESCRIPTIVE TITLE OF APPLICATION S 103 Truck Engine Idle Reduction Program	NT'S PROJE Technolog	CT: gy Demonstration
Orange, and the n	BY PROJECT (offices, countries on-desert areas of Los e, and San Bernardino	, states, etc					
13. PROPOSED PROJECT:			14. CONGRESSION	<b>AL</b>			
Start Date	End Date		a. Applicant: 24-4	8	b. Project: 24-48		
9/30/2005	9/30/2009						
15. Estimated Funding:					16. IS APPLICATION SUBJECT ORDER 12372 PROCESS?  A YES. THIS PREAPPLICA' AVAILABLE TO THE STAT PROCESSES FOR REVIEW DATE 6/5/05  NO. □ PROGRAM IS NOT COV □ OR PROGRAM HAS NOT REVIEW	TION/APPL E EXECUTI ON: ERED BY E	CATION WAS MADE EVE ORDER 12372  . O. 12372
a. Federal		2		300,000			
b. Applicant		2	1	300,000			
c. State		3					
d. Local		s	<u>,</u>				
e. Other		\$			17. IS THE APPLICANT DELINQUENT	TON AND T	CONTRAL DEETS
f. Program Income		\$			17. IS THE APPLICANT DELINQUENT  I Yes If "Yes" suach an explanation		Mo No
e_TOTAL		1.5		600,000		17 LA 17 P.	DIN V ANTUANIZEA BY THE
GOVERNING BODY	OF THE APPLICANT AND THE A	LL DATA IN	THIS APPLICATION/PRE WILL COMPLY WITH THI	APPLICATIO E ATTACHED	N ARE TRUE AND CORRECT, THE DOCUMEN ASSURANCES IF THE ASSISTANCE IS AWAR	T MAS SEEN RDED.	c. Telephone Number
a. Types Name of Auth Barry R. Wallers	stein, D.Env.	$\sim$			b. Title: Executive Officer		(909) 396-2100 c. Days Signed
d.' Signastro of Authoriz	zed Representative	2 V	inter	<u>`</u>			5/3//08 Slandard Form 424A (REV 4-9) Prescribed by OMB Circular A-10

PPLICATION FOR '05 11:50A EDERAL ASSISTANCE	M AQMD FINA	NCE /	2. DAT	E SUBMITTED	Applies in identifier
TYPE OF SUBMISSION	Preapplicati	no	3. DAT	E RECEIVED BY	State Application Identifier
Construction Non-Construction	Construction Con-Cor		4. DAT	e received by federal age	NCY Federal Identifier
APPLICANT INFORMATION					
gal Name: OUTH COAST AIR QUALITY 1	MANAGEME	T DISTRICT	_	zational Unit:	
ddress (give city, county, state, and zip code): 1865 COPLEY DRIVE DIAMOND BAR, CA 91765			applica	tion (glvc area code) / Leonard (909) 396-27	
EMPLOYER IDENTIFICATION (EIN): 053099419	JUN 0 STATE CLEAR	3 2005	7.	B. County 1. Ste Learn C. Municipal D. Township K. In E. Interstate L. In E. Learn M. F.	dependent School District the Controlled Institution of Higher
f Revision, enter appropriate letter(s) in box(cs)  A. Increase Award	Revision			. Environmental Protecti	on Agency
10. CATALOG OF FEDERAL  DOMESTIC ASSISTANCE NUMBER: 6  TITLE: Air Pollution Control Prog	6.034 Bram Support		§10	DESCRIPTIVE TITLE OF APPLICA IS Truck Engine Idle Reduction Isam	NT'S PROJECT: n Technology Demonstration
12. AREAS AFFECTED BY PROJECT (cities		.):			
Orange, and the non-desert areas Angeles, Riverside, and San Bern Counties	of Los ardino				
13. PROPOSED PROJECT:		14. CONGRESSION		1.10	
Start Date End Date		a. Applicant: 24-4	48 b. P	roject; 24-48	
9/30/2005 9/30/2009 15. Estimated Punding:			16. a. b.	ORDER 12372 PROCESS?  √ YES. THIS PREAPPLIC  AVAILABLE TO THE STA  PROCESSES FOR REVIEW  DATE  NO.  □ PROGRAM IS NOT CO	
				REVIEW	
a. Federal	S		300,000		
b. Applicant	S		300,000		
c. State	<u> </u>				
d. Logal	\$				
s. Other	\$			IS THE APPLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
f. Program Income	z			☐ Yes If "Yes" attach an explanati	
	\$		600,000		FUT THE BEST ATT WATER SAMES BY THE
g. TOTAL  18. TO THE BEST OF MY KNOWLEDGE AND GOVERNING BODY OF THE AFFLICANT.	BELIEF, ALL DATA IN	THIS APPLICATION/PR	EAPPLICATION ARI HE ATTACHED ASSI	E TRUE AND CORRECT, THE DOCUM URANCES IF THE ASSISTANCE IS AW	ent has been duly authorized by the Arded.
a. Typed Name of Authorized Representative			b.	Tiple: xecutive Officer	c. Telephone Number (909) 386-2100
Barry R. Wallerstein, D.Env.	1	Λ [	1 1-	KECUTIAE OTHER	c. Date Signed

APPLICATIO	N FOR				OMB Approva	al No. 0348-00
FEDERAL AS	SISTAI	NCE	2. DATE SUBMITTED May 17	7, 2005	Applicant Identifier	
1. TYPE OF SUBMIS	SION:		3. DATE RECEIVED B	Y STATE	State Application Identifier	
Application Construction Non-Construct 5. APPLICANT INFO		Preapplication Construction Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Legal Name:	RIVIATION			Organizational Unit:		
Madera Cour				Fire Departme		
Address (give city, co	28	and zip code):		this application (give a	number of person to be contacted on a rea code)	matters involv
Madera, CA 9	3638			Paul Helm (55	59) 675-7799	
6. EMPLOYER IDEN	TIFICATION	NUMBER (EIN):			ANT: (enter appropriate letter in box)	
9 4 - 6	0 0 0	5 1 8		A. State	H. Independent School Dist.	В
8. TYPE OF APPLICA	ATION:			B. County	I. State Controlled Institution of High	er Leaming
	✓ New	☐ Continuation	Revision	C. Municipal	J. Private University	
If Revision, enter app	ronriato lette	ar(e) in hov(ee)	]	D. Township E. Interstate	K. Indian Tribe L. Individual	
in revision, enter appr	opnate iett	51(9) III DOX(65)		F. Intermunicipal	M. Profit Organization	
A. Increase Award	B. Deci	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration	on Other(s	specify):		9. NAME OF FEDERA	AL AGENCY:	
				United States De	partment of Agriculture	
10. CATALOG OF FE	DERAL DO	MESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:	***************************************
			1 0 - 7 6 6		neel Drive, Crew Cab	
TITLE:				_		
12. AREAS AFFECTI	ED BY PRO	JECT (Cities, Counties, Sta	ates, etc.):			
Parksdale, Made	ra County	y, City of Madera, Cal	ifornia			
13. PROPOSED PRO	JECT	14. CONGRESSIONAL DI		\ - 10 = -10 · a.	JAL DISTRICT CALIF	~2.116
Start Date Endi	ng Date	a. Applicant	1174	b. Project	JAL DISTRICT CALIF	DRNIA
		Madera County F	Fire Department	Purchas	e of 4WD Crew Cab Fire Engi	ne
15. ESTIMATED FUN	DING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE E	XECUTIVE
			00	ORDER 12372 PR	OCESS?	
a. Federal		\$	40,000	AYES. THIS PREA	PPLICATION/APPLICATION WAS M.	ADE
b. Applicant		\$	0.00	1	TO THE STATE EXECUTIVE ORDE FOR REVIEW ON:	R 12372
c. State		\$	0.00	N	1A4 12, 2005	
d. Local	RE	CEIVED	250,000			<b>-</b>
e. Other	JU	<b>3</b> 2005	0		M IS NOT COVERED BY E. O. 12372 BRAM HAS NOT BEEN SELECTED B	
f. Program Income	OTATE	\$ CLEARING HOUSE	0.00	FOR REV		
g. TOTAL	SIAIL	\$	290,000	1	IT DELINQUENT ON ANY FEDERAL  uttach an explanation.	. DEBT?
18 TO THE BEST OF	MV KNOW	I EDGE AND BELIEF ALL			ON ARE TRUE AND CORRECT, TH	
DOCUMENT HAS BE	EN DULY		VERNING BODY OF TH		E APPLICANT WILL COMPLY WITH	
a. Type Name of Auth			b. Title		c. Telephone Number	
Paul Helm			Division Chief		(559) 675-7799	

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d. Signature of Authorized Representative

e. Date Signed

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RCH Approved 5/24/03

OMB Approval No. 0348-0043

APPLICATION			A DATE CUDMITTED		Applicant Identifier
FEDERAL ASS	SISTAN	ICE	2. DATE SUBMITTED		Applicant regrames
					Out A relies in a Identifier
1. TYPE OF SUBMISS	SION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application		Preapplication			Federal Identifier
Construction		Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	rederal identifies
✓ Non-Constructi		Non-Construction	L		
5. APPLICANT INFOR	RMATION			Organizational Unit:	
Legal Name:				Public Body	
City of San Jo	oaquiri	d-i- andale		Name and telephone	number of person to be contacted on matters involvi
Address (give city, co.	ınty, State,	and zip code):		this application (give a	rea code)
P O BOX 758					
San Joaquin,	CA 9366	60		Lupe Estrada	(559) 693-4311 ext. 20
6. EMPLOYER IDENT				7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
					C C
94-6	000	1711101		A. State	H. Independent School Dist.  I. State Controlled Institution of Higher Learning
8. TYPE OF APPLICA	ATION:			B. County	J. Private University
· · · · · · · · · · · · · · · · · · ·	<b>✓</b> New	Continuation	Revision	C. Municipal	K. Indian Tribe
				D. Township	L. Individual
If Revision, enter appr	ropriate lette	er(s) in box(es)		E. Interstate	M. Profit Organization
				F. Intermunicipal	N. Other (Specify)
A. Increase Award			e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration	on Other(s	specify):		9. NAME OF FEDER	AL AGENCY:
				USDA Rural De	velopment
				AL DESCRIPTIVE T	ITLE OF APPLICANT'S PROJECT:
10. CATALOG OF FE	DERAL DO	OMESTIC ASSISTANCE N	IUMBER:	ì	
			10 - 766	Van for transpor	rting inmate work crew to City for city
				public works pro	ojects.
TITLE: Cor	nmunity I	Facilities Grant	totop oto ):	-	
12. AREAS AFFECT	ED BY PRO	DJECT (Cities, Counties, S	iales, elc.j.		
San Joaquin					
		14. CONGRESSIONAL D	ISTRICTS OF:		
13. PROPOSED PRO	DJECT	14. CONGRESSIONAL L	istration of the		
- IS.	ina Data	a. Applicant		b. Project	
Start Date End	ing Date		Costa		20 Costa
	IDING.			16. IS APPLICATIO	N SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUN	NDING:			ORDER 12372 F	PROCESS?
		S	00		
a. Federal		3	22,500	a. YES. THIS PRE	EAPPLICATION/APPLICATION WAS MADE
h Applicant		\$	.00		LE TO THE STATE EXECUTIVE ORDER 12372
b. Applicant			7,500	PROCES	S FOR REVIEW ON:
c State		3	.00		
c. State	RE	CFIVED I	,	DATE	
d. Local	175	\$	.00	_	- 1110 NOT COVERED BY E. O. 42272
u. Lucai	1	N 3 2005		b. No. ☐ PROGI	RAM IS NOT COVERED BY E. O. 12372
e. Other	1 1	\$ 0 6000	.00		OGRAM HAS NOT BEEN SELECTED BY STATE
0.00101	1			FOR RI	EVIEW
f. Program Income	STATE	<b>CLEARING HOUSE</b>	.00		THE PROPERTY ON ANY FEDERAL DERTY
i. crogram moome	101/11				ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL		\$	30,000	Yes If "Yes	," attach an explanation.
			30,000		
18. TO THE BEST O	F MY KNO	WLEDGE AND BELIEF, A	LL DATA IN THIS APPL	ICATION/PREAPPLIC	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
DOCUMENT HAS E	BEEN DULY	AUTHORIZED BY THE C	SOVERNING BODY OF	THE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSUR	RANCES IF	THE ASSISTANCE IS AV	VARDED.		c. Telephone Number
a. Type Name of Aut	horized Rep	oresentative	b. Title		693-4311
Cruz Ramos			City Manger		e. Date Signed
d. Signature of Author	orized Repre	sentance my	-		4-22-05
	<u> </u>	. I YTUT R. I Y			

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**APPLICATION FOR** Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE State Application Identifier 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: Preapplication Application 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction Construction Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Public Body City of San Joaquin Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) P O BOX 758 Lupe Estrada (559) 693-4311 ext. 20 San Joaquin, CA 93660 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): C -600014118 H. Independent School Dist. A. State I. State Controlled Institution of Higher Learning B. County 8. TYPE OF APPLICATION: J. Private University C. Municipal Revision **New** Continuation D. Township K. Indian Tribe L. Individual F. Interstate If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F Intermunicipal N. Other (Specify) \_ G. Special District C. Increase Duration B. Decrease Award A. Increase Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: USDA Rural Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6 Police Car for increased patrolling within City Limits TITLE: Community Facilities Grant 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: b. Project Start Date **Ending Date** a. Applicant 20 Costa 20 - Costa 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** \$ a. Federal 30,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant \$ 10,000 PROCESS FOR REVIEW ON: c. State DATE \_\_\_\_\_ 00 d. Local b. No. | PROGRAM IS NOT COVERED BY E: O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE 00 e. Other FOR REVIEW STATE CLEARING HOUSE 00 f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? nr Yes If "Yes," attach an explanation. No. g. TOTAL 40,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number b. Title a. Type Name of Authorized Representative 693-4311 City Manger Cruz Ramos d. Signatule of Authorized Representative

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APPLICATION FOR FEDERAL ASSISTANCE	CE	2. DATE SUBMITT 5/9/05		Applicant lo	dentifier	-	916-	Phone # 916	Co./Dept.
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVE	D BY STATE		cation Identifier	. ~	67	٦	
Construction	Construction	4. DATE RECEIVE	D BY FEDERAL AGENC	[		Ù	در	43	
Non-Construction 5. APPLICANT INFORMATION	Mon Construction		, EDETAL AGENC	Y Federal Ide	ntifier	· )	١	0,	
Legal Name:	2N					6	0	<u>e</u> .	
Community Development Age	ency, County of Marin		Organizational U			4	Q.	$\sim$	
Organizational DUNS: 17-040-8731			Community Develo	pment Agency		Ŋ	Fax	Phone	Co.
Address:		a security production	Environmental Hea	alth Services			#	ne #	
Street: Environmental Health Services	s, Room 236RECE	EINFD	Name and telepho	ne number of p lication (give ar	erson to be co			510	
3501 Civic Center Drive	1 2 2	2005	Prefix: Mr.	First Name: Philip				1 1	
City: San Rafael	$\overline{}$ JUN $^{0}$	3 2005	Middle Name D.	Trimp				50%	
County: Marin		HOUSE	Last Name Smith					47	
State: CA	Zip CodeSTATE CLE 94903	ARING HOUSE	Suffix:					612	
Country:	34303							$ \mathcal{S} $	
6. EMPLOYER IDENTIFICATION	ON NUMBER /EIA		Email: psmith@co.marin.c	a.us					
·	· · · · · · · · · · · · · · · · · · ·		Phone Number (give	area code)	Fax Number	uive s	ग्रास्य (	JUURT	
94-6000519 8. TYPE OF APPLICATION:			415-499-7338		415-507-4120	)			
☑ Nev	Continuation	17-11	7. TYPE OF APPLIC	ANT: (See back	k of form for Ap	plica	tion	Types	3)
f Revision, enter appropriate lett See back of form for description		☐ Revision	County (b)		·			,,	,
	or letters.)	П	Other (specify)		•				
Other (specify)	•		9. NAME OF FEDER						
				AL ACENIAY.					
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NIIMBED.	US Environmental P	rotection Agency	,				
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE		11. DESCRIPTIVE T	rotection Agency TLE OF APPLIC	CANT'S PROJE	CT:			
FITLE (Name of Program): Surveys, Special Studies, specia	il Purnosa Granto	66-606	US Environmental P	rotection Agency TLE OF APPLIC	CANT'S PROJE	CT:	les E	3ay, ∧	//arin
FITLE (Name of Program): Surveys, Special Studies, specia 2. AREAS AFFECTED BY PRO	Il Purpose Grants DJECT (Cities, Counties, S	66-606	11. DESCRIPTIVE T	rotection Agency TLE OF APPLIC	CANT'S PROJE	CT: oma	les E	3ay, ∧	Marin
FITLE (Name of Program): Surveys, Special Studies, specia 2. AREAS AFFECTED BY PRO Marin County, California (Tomale	Il Purpose Grants DJECT (Cities, Counties, S	66-606	11. DESCRIPTIVE T	rotection Agency TLE OF APPLIC	CANT'S PROJE	ECT: Toma	les E	3ay, M	/Jarin
TITLE (Name of Program): Surveys, Special Studies, special 2. AREAS AFFECTED BY PROMarin County, California (Tomale 3. PROPOSED PROJECT	al Purpose Grants DJECT (Cities, Counties, Ses Bay watershed)	66-606	11. DESCRIPTIVE TI Improvement of wate County, CA	rotection Agency TLE OF APPLIC r quality and sep	CANT'S PROJE tic systems in T	CT:	les E	3ay, M	//arir
FITLE (Name of Program): Surveys, Special Studies, special 2. AREAS AFFECTED BY PROMarin County, California (Tomale 3. PROPOSED PROJECT tart Date: lay 1, 2005	al Purpose Grants  DJECT (Cities, Counties, Ses Bay watershed)  Ending Date:	66-606	11. DESCRIPTIVE T	rotection Agency TLE OF APPLIC r quality and sep	CANT'S PROJE tic systems in T	CT:	les E	3ay, <b>∧</b>	Marin
FITLE (Name of Program): Surveys, Special Studies, special 2. AREAS AFFECTED BY PROMarin County, California (Tomale 3. PROPOSED PROJECT tart Date: lay 1, 2005	al Purpose Grants DJECT (Cities, Counties, Ses Bay watershed)	66-606	11. DESCRIPTIVE TI Improvement of water County, CA	rotection Agency TLE OF APPLIC r quality and sep	CANT'S PROJE tic systems in T  F:  D. Project	oma			
FITLE (Name of Program): Surveys, Special Studies, special 2. AREAS AFFECTED BY PROMarin County, California (Tomale 3. PROPOSED PROJECT Start Date: lay 1, 2005 5. ESTIMATED FUNDING:	al Purpose Grants  DJECT (Cities, Counties, Ses Bay watershed)  Ending Date:	66-606	11. DESCRIPTIVE TI Improvement of water County, CA  14. CONGRESSIONA a. Applicant  16. IS APPLICATION ORDER 12372 PROCE	rotection Agency TLE OF APPLIC r quality and sep L DISTRICTS O SUBJECT TO R SSS?	CANT'S PROJECTION OF THE PROJECT OF	oma	EXE	CUTI	
FITLE (Name of Program): Surveys, Special Studies, special 2. AREAS AFFECTED BY PROMarin County, California (Tomale 3. PROPOSED PROJECT start Date: lay 1, 2005 5. ESTIMATED FUNDING: Federal	al Purpose Grants  DJECT (Cities, Counties, Ses Bay watershed)  Ending Date:	666-606	11. DESCRIPTIVE TI Improvement of water County, CA  14. CONGRESSIONA a. Applicant  16. IS APPLICATION ORDER 12372 PROCE	rotection Agency TLE OF APPLIC r quality and sep  L DISTRICTS O  SUBJECT TO R SSS?	F: D. Project  EVIEW BY STA	ATE I	EXE	CUTI	VE
First Program (Surveys, Special Studies,	al Purpose Grants  DJECT (Cities, Counties, Ses Bay watershed)  Ending Date:	666-606	11. DESCRIPTIVE TI Improvement of water County, CA  14. CONGRESSIONA a. Applicant  16. IS APPLICATION ORDER 12372 PROCE a. Yes. THIS PRE AVAILABLE PROCESS	rotection Agency TLE OF APPLIC r quality and sep  L DISTRICTS O  SUBJECT TO R SSS? APPLICATION/A E TO THE STAT FOR REVIEW (	F:  D. Project  EVIEW BY STA	ATE I	EXE	CUTI	VE
Federal Applicant  FUTULE (Name of Program): Surveys, Special Studies, special  2. AREAS AFFECTED BY PROME AREAS AFFECTED BY PROME AREAS AFFECTED BY PROME AREAS AFFECTED BY PROME AREAS AFFECTED BY PROJECT TO THE AREAS AFFECTED BY THE AREAS AF	al Purpose Grants  DJECT (Cities, Counties, Ses Bay watershed)  Ending Date:	666-606  states, etc.):	11. DESCRIPTIVE TI Improvement of water County, CA  14. CONGRESSIONA a. Applicant  16. IS APPLICATION ORDER 12372 PROCE A Yes. THIS PRE AVAILABLE PROCESS	TLE OF APPLIC r quality and sep  L DISTRICTS O  SUBJECT TO R  SS?  APPLICATION/A  E TO THE STAT  FOR REVIEW (	F:  D. Project  EVIEW BY STA	ATE I	EXE	CUTI	VE
TITLE (Name of Program): Surveys, Special Studies, special  2. AREAS AFFECTED BY PROMarin County, California (Tomale  3. PROPOSED PROJECT tart Date: lay 1, 2005  5. ESTIMATED FUNDING:  Federal  Applicant  State	al Purpose Grants  DJECT (Cities, Counties, Ses Bay watershed)  Ending Date:	666-606  states, etc.):	11. DESCRIPTIVE TI Improvement of water County, CA  14. CONGRESSIONA a. Applicant  16. IS APPLICATION ORDER 12372 PROCE a. Yes. THIS PRE AVAILABL PROCESS DATE: Note:	IL DISTRICTS O SUBJECT TO R SSS? APPLICATION/A E TO THE STATE FOR REVIEW (  )	EXPLICATION VIEW EXECUTIVE	ATE I	EXE MAI DER	CUTI	VE
TITLE (Name of Program): Surveys, Special Studies, special 2. AREAS AFFECTED BY PRO Marin County, California (Tomale 3. PROPOSED PROJECT tart Date: lay 1, 2005 5. ESTIMATED FUNDING:  Federal  Applicant  State  \$	al Purpose Grants  DJECT (Cities, Counties, Ses Bay watershed)  Ending Date:	157,827	11. DESCRIPTIVE TI Improvement of water County, CA  14. CONGRESSIONA a. Applicant  16. IS APPLICATION ORDER 12372 PROCE a. Yes. THIS PRE AVAILABL PROCESS DATE: Note:	TLE OF APPLIC r quality and sep  L DISTRICTS O  SUBJECT TO R  SS?  APPLICATION/A  E TO THE STAT  FOR REVIEW (	EXPLICATION VIEW EXECUTIVE	ATE I	EXE MAI DER	CUTI	VE
Federal Applicant State  Cother  Solution  State	al Purpose Grants  DJECT (Cities, Counties, Ses Bay watershed)  Ending Date:	157,827 W	11. DESCRIPTIVE TI Improvement of water County, CA  14. CONGRESSIONA a. Applicant  16. IS APPLICATION ORDER 12372 PROCE A VAILABL PROCESSIONA DATE: ME	TLE OF APPLIC r quality and sep  L DISTRICTS O  SUBJECT TO R  SSS?  APPLICATION/A E TO THE STAT FOR REVIEW (  ' /    STATE    STA	F: D. Project EVIEW BY STA	ATE I	MAI DER	CUTI DE 1237	<b>VE</b>
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APPLICATION FOR FEDERAL ASSISTANCE	<b>`</b> _		2. DATE SUBMITTE	<u> </u>	<del></del>		Version 7
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Legal Name:	//\			Organization	al linit:		
The Regents of the University	of California: U	niversity of	California David	Department:			
Organizational DUNS:		The clarky di	California, Davis	Tahoe Enviror	rmental Rese	arch Cer	nter
047120084				John Muir Inst			
Address: Street:		burn San		Name and tel	ephone num	ber of pe	erson to be contacted on matter
Street: Sponsored Programs - 118 Ev	rerson Hall, One	ShirtasA	Valoue VFD	involving this		(give are Name:	ea code)
University of California, Davis	Campuş		- Hamila Rose	Dr.		ffrey	-M
City. Davis		Jl	JN 0 2 2005	Middle Name			
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California Country:	95616	The same of the sa			·		
USA "				Email: gschladow@u	cdavis.edu		
6. EMPLOYER IDENTIFICATI	ON NUMBER (	EIN):		Phone Number	(give area cod	ie)	Fax Number (give area code)
94-603649	4			530-752-6932			530-752-7872
8. TYPE OF APPLICATION:				7. TYPE OF A	PPLICANT:	(See bac	k of form for Application Types)
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10. CATALOG OF FEDERAL	DOMESTIC AS	SISTANC	E NUMBER:				CANT'S PROJECT:
			66-436	Sources, Distril	bution and Di	vnamics d	of Fine Particles in Lake Tahne
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13. PROPOSED PROJECT	Oracio (CA), Wa		gias, Carson (NV)				
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October 1, 2005	March 31, 2			California Distric		į	CA District 4, NV District 2
15. ESTIMATED FUNDING:			,	16. IS APPLICA	LEUS NOIT	ECT TO	REVIEW BY STATE EXECUTIVE
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refix	First Name Kimberly			M	iddle Name		
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Contracts & Grants Analyst			<del></del>	c.	Telephone N 30) 752-606	lumber (g	ive area code)
Signature of Authorized Repres	sentative V	(100 A .	11010		Date Signed		1-12/20
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illy: Voodland				Last Name	I Processing to the same of th			
ounty: 'ala				Last Name Fernandez				
itate: Zalifornia	Zip Code 95776	•		Suffix:				
Country: United States				Email: bfernandez@califo	mlawheatorg			
Inited States . EMPLOYER IDENTIFICAT	ION NUMP	ER (EIN):		Phone Number (glv		Fax Number (give area code)		
		(		(530) 661-1292		(530) 661-1332		
74-308239 TYPE OF APPLICATION:	<u> </u>				CANT: (See bar	k of form for Application Types)		
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ITTLE (Name of Program):  12. AREAS AFFECTED BY I  Yolo - Soland - Yuba - Sutter  13. PROPOSED PROJECT  Start Date: July 1, 2005  15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL  18. TO THE BEST OF MY K  DOCUMENT HAS BEEN DU	Solano Con Endin Marci	Cities, Counties ountles g Date: h 31, 2006	68,545 500 64,689 00 133,734 EF, ALL DATA IN THIS E GOVERNING BODY	The Development Solano and Colust Solano and Colust Solano and Colust Thompson  16. IS APPLICATE ORDER 12372 PR  a. Yes. LANGE THIS I AVAIL PROOF THE PROOF	of a Cover Crop Se Counties.  INAL DISTRICTS  ON SUBJECT TO OCESS?  PREAPPLICATION ARE  OCESS FOR REVIES  FRAM IS NOT COUNTY TO THE SE FOR REVIES  CANT DELINQUE  THE STORM HAS NOT COUNTY TO THE SE FOR REVIES  CANT DELINQUE  THE STORM ARE  OF THE SE FOR REVIES TO THE SE FOR REVIES T	OF:    b. Project     h. Project     hampson, Herger, Lungren     D. REVIEW BY STATE EXECUTIVE     NAPPLICATION WAS MADE     TATE EXECUTIVE ORDER 12372     W ON     OVERED BY E. O. 12372     OT BEEN SELECTED BY STATE     ENT ON ANY FEDERAL DEBT?		
ITTLE (Name of Program):  12. AREAS AFFECTED BY I Yolo - Solano - Yuba - Sutter 13. PROPOSED PROJECT Start Date: July 1, 2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL  18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Authorized Representative	Solano Co Endin Marci  S S S NOWLEDG LY AUTHOI F THE ASS	Cities, Counties ountles g Date: h 31, 2006  E AND BELIE RIZED BY TH	68,545 500 64,689 00 133,734 EF, ALL DATA IN THIS E GOVERNING BODY	The Development Solano and Colust Solano and Colust Solano and Colust Themson	of a Cover Crop is Countles.  INAL DISTRICTS  ON SUBJECT TO COESS?  PREAPPLICATION ABLE TO THE SESS FOR REVIEW CANT DELINGUES TO THE SERVIEW CANT DELINGUES TO THE APPLICATION ARE APPLICATION ARE NOT THE APPLICATION ARE	DF:    D. Project     Thompson, Herger, Lungren     D. REVIEW BY STATE EXECUTIVE     N/APPLICATION WAS MADE     TATE EXECUTIVE ORDER 12372     ON ON OVERED BY E. O. 12372     OT BEEN SELECTED BY STATE     ENT ON ANY FEDERAL DEBT?     On.		
ITTLE (Name of Program):  12. AREAS AFFECTED BY I  Yolo - Soland - Yuba - Sutter  13. PROPOSED PROJECT  Start Date: July 1, 2005  15. ESTIMATED FUNDING:  a. Federal  b. Applicant  c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY K  DOCUMENT HAS BEEN DU  ATTACHED ASSURANCES  a. Authorized Representative	S S S S S S S S S S S S S S S S S S S	Cities, Counties ountles g Date: h 31, 2006  E AND BELIE RIZED BY TH	68,545 500 64,689 00 133,734 EF, ALL DATA IN THIS E GOVERNING BODY	The Development Solano and Colust Solano and Colust 14. CONGRESSIC a. Applicant Thompson 16. IS APPLICATION DATE DATE  b. No. PROGUMENT AVAIL PROGUMENT AVAIL PROGUMENT APPLICATION/PREAP OF THE APPLICANT AMBIENT AMB	of a Cover Crop of a Counties.  INAL DISTRICTS  ON SUBJECT TO OCESS?  PREAPPLICATION ABLE TO THE SESS FOR REVIEW CANT DELINGUE  TO THE APPLICATION ARE  IND THE APPLICATION ARE	DF:    D. Project     Thompson, Herger, Lungren     D. REVIEW BY STATE EXECUTIVE     N/APPLICATION WAS MADE     TATE EXECUTIVE ORDER 12372     ON ON OVERED BY E. O. 12372     OT BEEN SELECTED BY STATE     ENT ON ANY FEDERAL DEBT?     On.		
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ITTLE (Name of Program):  12. AREAS AFFECTED BY I Yolo - Soland - Yuba - Sutter 13. PROPOSED PROJECT Start Date: July 1, 2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL  18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Authorized Representative Prefix  Last Name Fernandez D. Tritle	Solano Co Endin Marci  S S S NOWLEDG LY AUTHOI F THE ASS	Cities, Counties ountles g Date: h 31, 2006  E AND BELIE RIZED BY TH	68,545 500 64,689 00 133,734 EF, ALL DATA IN THIS E GOVERNING BODY	The Development Solano and Colust Solano and Colust Solano and Colust Thompson 16. Is APPLICATION DATE  DATE  D. No.   PROGUMENT OR PROGUMENT PROG	of a Cover Crop is Countles.  INAL DISTRICTS  ON SUBJECT TO COESS?  PREAPPLICATION ABLE TO THE SESS FOR REVIES  FRAM IS NOT COERCIAN AND THE APPLICATION ARE APPLICATION ARE NOT THE APPLICATION ARE APPLICATI	OF:    D. Project     Thompson, Herger, Lungren     D. REVIEW BY STATE EXECUTIVE     D. Project     Thompson, Herger, Lungren     D. REVIEW BY STATE EXECUTIVE     D. NAPPLICATION WAS MADE     TATE EXECUTIVE ORDER 12372     ON		
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APPLICATION FOR						version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Ide	intifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	ation Identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Iden	tifier		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION			Organizations	I I Imit			
Legal Name:	lation		Organizational Unit:  Department: Office of Change and Dragger and				
CSU, Chico Research Found	ation ————————————————————————————————————		Office of Sponsored Programs				
Organizational DUNS: 61-21	7-7162		Division:	-			
Address:		RECEIVED			erson to be contacted	on matters	
Street: CSU, Chico - Bldg. 2	25	JUN 0 2 2005	Frefix:	application (give ar First Name:	ea code)		
City: Chico			Middle Name				
County: Butte	ST	ATE CLEARING HOUS	Last Name				
State: CA	Zip Code 95929-0	The second of th	Suffix:	A Ph. and a second seco			
Country: United States of A			Email:				
6. EMPLOYER IDENTIFICATIO			Phone Numbe	r (give area code)	Fax Number (give area	a code)	
68 - 0386518			(530) 89	8-5700	(530) 898-6804		
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See ba	ck of form for Application	n Types)	
☑ Nev		on 🔲 Revision	Other -	Nonprofit 5	501(c)3		
If Revision, enter appropriate lett (See back of form for description	ter(s) in box(es)		Other (specify)				
	′ 📙	;	1 ''				
Other (specify)					USDA (Rural Developm	ient Agency)	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPT	IVE TITLE OF APPL	JCANT'S PROJECT:		
•	•	10 - 769	"Open for	Business" Vic	leo Series		
TITLE (Name of Program): Rura	al Business Enterprise	Grants					
12. AREAS AFFECTED BY PR							
Northern California					•		
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS			
Start Date: 7/1/05	Ending Date: 6/3	0/06	a. Applicant s	econd	b. Project		
15. ESTIMATED FUNDING:			16. IS APPLIC	ATION SUBJECT TO	REVIEW BY STATE		
a. Federal \$		72000 .00	a Vac IZI TH	IIS PREAPPLICATIO	N/APPLICATION WAS	MADE	
b. Applicant \$		.00	۰٬۰۰	/AILABLE TO THE S <sup>*</sup> ROCESS FOR REVIE	TALL DALGO III L GIVE	DER 12372	
c. State \$		.00	DA	ATE:			
d. Local \$		00	b. No. DPF	ROGRAM IS NOT CO	VERED BY E. O. 12372	2	
e. Other \$		.00		R PROGRAM HAS NO	OT BEEN SELECTED B	BY STATE	
f. Program Income \$		.00			ENT ON ANY FEDERA	L DEBT?	
g. TOTAL \$		72000 <sup>.00</sup>	Yes if "Yes	" attach an explanatio	on. 🛮 No		
18. TO THE BEST OF MY KNO	WLEDGE AND BELIE	F, ALL DATA IN THIS APP	LICATION/PRE	APPLICATION ARE	TRUE AND CORRECT	THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			THE APPLICAN	T AND THE APPLIC	ANT WILL COMPLY W	IIH IHE	
a. Authorized Representative				I A A A A A A A A A A A A A A A A A A A			
Prefix	First Name Carol			Middle Name			
Last Name Sager				Suffix			
b. Title Director, Office of	Sponsored Progra	ıms		c. Telephone Numbe (530) 898-5700	r (give area code)		
d. Signature of Authorized Repre				o Data Signed /	2/08		
Previous Edition Unable	<del></del>			0/0	-, JU	(D 0 0000)	

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR	<u>-</u>	2. DATE SUBMITTED		Applicant Ider	Version 7/03
FEDERAL ASSISTANCE	=	Z. DATE SUBMITTED		Applicant idei	iunei
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational	Unit:	
1 a	antuni .	000 0 0 40	Department:		
BURLANDO HGHTS	MUIUAL WA	HER CO INC	Division:		
Organizational DUNS: 158	914				
Address: Street:				polication (give are	erson to be contacted on matters
1008 BURLANDO	OD PAROX	1.61	Prefix: / TR	PES First Name:	I C F
City: KERNVILLE	KV 1.0.BOX	w   W	Middle Name		
Country		<i>[</i> ************************************	Last Name	/ _	
MERN		The state of the s	KK	RIEBS	
State: OA	Zip Code 32 38	MESSIVE	Suffix:		
Country: 1/5A	,	JUN 2 2001	Email:		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	L.00.	Phone Number (		Fax Number (give area code)
95-3867843	2.	STATE CLEARING HO	740 374	6 6741	
8. TYPE OF APPLICATION:		THE STATE OF THE STATE OF STAT			k of form for Application Types)
If Revision, enter appropriate let		n 🔲 Revision	N/	MITUAL	WATER
(See back of form for description			Other (specify)	10,000	Co.
			O NAME OF FE	DEDAL ACENCY.	
Other (specify)			115DA R	URAL DEV	ELOPE MENT CANT'S PROJECT:
10. CATALOG OF FEDERAL		CE NUMBER:			
WATER/WASTE	DISPOSAL	10-760	KEPLI	ACE WI	TIEN MANY
TITLE (Name of Program):	PRACER		MAIN	LINE	WITH 6" MAIN
12. AREAS AFFECTED BY PF	ROJECT (Cities, Counties	s. States. etc.):	ANDA	1114 It C 19	160. NEW LATERALS AL FIRE HYDRANTS
RESIDENTS OF B		,	EVICTIN	G DIDE IC	IN STEEL
13. PROPOSED PROJECT	VICAPTIVO WIT		14. CONGRESS	SIONAL DISTRICTS	4," STEEL. 0F: ,
Start Date:	Ending Date:			and	b. Project and
15. ESTIMATED FUNDING:	. 4	41-03	1 X	ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE
		15,000,00	ORDER 12372 P		V/APPLICATION WAS MADE
a. Federal	1	•	a. Yes. 🙋 AVA	AILABLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant \$		. 00	PRO	OCESS FOR REVIE	WON
c. State	<b>*</b>	.00	DAT	ΓE:	
d. Local	5	.00	b. No. 🔲 PRO	OGRAM IS NOT CO	VERED BY E. O. 12372
e. Other	5	.00		PROGRAM HAS NO	OT BEEN SELECTED BY STATE
f. Program Income	<b>)</b>	.00	17. IS THE APP	PLICANT DELINQUE	ENT ON ANY FEDERAL DEBT?
g. TOTAL \$	)	.00	Yes If "Yes"	attach an explanatio	n. 💆 No 🧳
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIEF	, ALL DATA IN THIS APP	LICATION/PREA	APPLICATION ARE	TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT	AND THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative			la la	Aiddle Name	
Prefix	First Name BOBBY			Aiddle Name アルン	NE
Last Name BUMGE	RONER			Suffix	
b. Title PRESID	PENT		V	Telephone Number	(give area code) 2493 OR 6741
d. Signature of Authorized Repr	resentative Bolling	a, Bungara	lner	e. Date Signed	-3-05

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					Version 7/03	
APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTED 5-31-2005		Applicant Identifier Tulare County Fire Department		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application		
Application	Pre-application					
Construction 4. DATE RECEIVED BY			FEDERAL AGENCY	Federal Identif	ier	
Non-Construction	☐ Non-Construction					
5. APPLICANT INFORMATIO	N		Organizational Unit	•		
Legal Name:			Department:	•		
Tulare County Fire Departmen	ıt	yeleva da	Fire Department			
Organizational DUNS: 099710811			Division:	•		
Address:					rson to be contacted on matters	
Street: 1968 South Lovers Lane			involving this applic	First Name:	a code)	
1550 Codin Estate Lane				Lisa		
City: Visalia			Middle Name			
County: Tulare	The transfer of the control of the c		Last Name Marrone			
State: CA	Zip Code 93292		Suffix: Battalion Chief			
Country: USA		Email: LMarrone@fire.ca.go	DV			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone Number (give area code) Fax Number (give area code)			
9 4 -6 0 0 5 4 5			559-732-5954 559-636-4182			
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See back	k of form for Application Types)	
₽. N	ew 🗓 Continuatio	n 🖺 Revision	В			
If Revision, enter appropriate le			Other (specify)			
(See back of form for description	bit of fetters.)					
Other (specify)			9. NAME OF FEDER USDA United States	RAL AGENCY: Department of A	Agriculture	
10. CATALOG OF FEDERAL	L DOMESTIC ASSISTAN	CE NUMBER;	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
		1 0-7 6 6	F.R.I.S.C. Facility Re	epair and Imprøv	ement to Serve the Community	
TITLE (Name of Program):				. [	NECEIVENT	
Community Facilities Loans a			_		The same book	
12. AREAS AFFECTED BY F				and the state of t	JUN 2 2005	
Tulare County Communities:	Cutler, Richgrove, Terra E	Bella, Ivanhoe, Earlimart			200,7	
13. PROPOSED PROJECT			14. CONGRESSION a. Applicant	IAL DISTRICTS	OFFE CLEADING	
Start Date: 10-1-2005	Ending Date: 9-30-2006		District 20	Removations	b. Project ARING HOUSE District 20	
15. ESTIMATED FUNDING:			16. IS APPLICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE	
a. Federal	\$		ORDER 12372 PROC	CESS? REAPPLICATION	NAPPLICATION WAS MADE	
		37,150	a. Yes. 🕊 AVAILA	BLE TO THE ST	ATE EXECUTIVE ORDER 12372	
b. Applicant	\$	13,050		SS FOR REVIEV	VON	
c. State	\$	. 00		5-31-2005		
d. Local	\$		b. No. ata		/ERED BY E. O. 12372	
e. Other	\$	00	FOR RE	VIEW	T BEEN SELECTED BY STATE	
f. Program Income	\$		17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	50,200	Yes If "Yes" attac	•		
18. TO THE BEST OF MY KI	NOWLEDGE AND BELIE	F, ALL DATA IN THIS AP	PLICATION/PREAPPL	ICATION ARE	TRUE AND CORRECT. THE	
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	.Y AUTHORIZED BY THE F THE ASSISTANCE IS A	: GOVERNING BODY OF AWARDED.	INE APPLICANT AN	U INE APPLICA	ANT WILL COMPLY WITH THE	
a. Authorized Representative						
Prefix	First Name		Middl	e Name		

d. Signature of Authorized-Replesentative. Previous Edition Usable
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Last Name Hillman

b. Title Chief

First Name David

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e. Date Signed 5-31-2005

c. Telephone Number (give area code) 559-732-5954

Suffix

APPLICATION FOR				A - licent Idea	Version 7/0		
FEDERAL ASSISTANCE	E	2. DATE SUBMITTED May 26, 2005		Applicant iden	Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicat	State Application Identifier		
Application	Pre-application	4. DATE RECEIVED BY FEDERAL AGENCY		Y Federal Identi	fier		
Construction	Construction	4. DATE RECEIVED D					
Non-Construction 5. APPLICANT INFORMATIO	Mon-Construction						
Legal Name:	/K		Organizational Ur	nit:			
Imperial County			Department: Planning & Develo	pment Services			
Organizational DUNS:			Division: Economic Develop				
073-354-573			Name and telepho	one number of pe	rson to be contacted on matters		
Address: Street:			involving this app	olication (give are	ea code)		
940 W. Main Street			Prefix: Mr.	First Name: Jurg			
City: El Centro			Middle Name				
			Last Name				
County: Imperial			Heuberger				
State: CA	Zip Code 92243		Suffix:				
Country:			Email: jurgheuberger@in	perialcounty net			
6. EMPLOYER IDENTIFICAT	ION NUMBER (FIN):		Phone Number (giv		Fax Number (give area code)		
			760-482-4236 ext	4310	760-353-8338		
9 5 <b>-</b> 6 0 0 0 9 2 8. TYPE OF APPLICATION:	[4]		7. TYPE OF APPL	ICANT: (See bac	k of form for Application Types)		
8. TYPE OF APPLICATION.	ew 🔣 Continuation	n III Revision		,			
If Revision, enter appropriate le	etter(s) in box(es)	,: IXCVICION	County				
(See back of form for description	on of letters.)		Other (specify)				
Other (specify)			9. NAME OF FEDI Economic Develop	ERAL AGENCY: oment Administration	on		
10. CATALOG OF FEDERAL	L DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:		
10. 07.17.12		1 1-3 0 2	Economic Develor	oment Planning As	ssistance (Section 203)		
TITLE (Name of Program):							
,	DO IECT (Cition Counting	e States etc.):					
12. AREAS AFFECTED BY F	ROJECT (Cities, Countie	s, States, etc.).					
Imperial County			14. CONGRESSIO	NAL DISTRICTS	OF:		
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	<u></u>	b. Project		
July 1, 2005	June 30, 2006		51st	ON CUR IECT TO	51st REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING:			ORDER 12372 PR	OCESS?			
a. Federal	\$	60,000			N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant	Santananan on order to the control of the control o	20,000		ESS FOR REVIE			
c. State	RECEIVE	.00	DATE	:			
d. Local	\$	00	b. No. III PROG	GRAM IS NOT CO	VERED BY E. O. 12372		
e. Other	\$ JUN 1 2005	.00	OR PF	ROGRAM HAS NO	OT BEEN SELECTED BY STATE		
f. Program Income ST	STE OLEANIA		FUR	REVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL	TE CLEARING HOU	00	- [[Ves If "Ves" at	tach an explanatio	n. 😢 No		
1 ~	IOM EDGE AND DELLE	80,000 BATAIN THIS AS			TRUE AND CORRECT. THE		
18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	Y AUTHORIZED BY THI	E GOVERNING BODY OF	THE APPLICANT A	ND THE APPLICA	ANT WILL COMPLY WITH THE		
a. Authorized Representative			Maic	Idle Name			
Prefix Ms.	First Name Robertta		IVIIC	idio I tallio			

b. Title
County Executive Officer
d. Signature of Authorized Representative
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Last Name Burns Suffix

APPLICATION FOR								Version 9/03
FEDERAL ASSISTAN	ICF		2. DATE SUBMIT	TED		icant I	dentifier	
		,						
1. TYPE OF SUBMISSION:			3. DATE RECEIVE	D BY STATE		State Appl	ication Identifier	
Application	Preapplic	cation						
✓ Construction	Cons	truction	4. GATE RECEIVE	O BY FEDERA	LAGENCY	Federal ide	entifier	
Non-Construction	☐ Non-	Construction						
5. APPLICANT INFORMATION		and the second section of the second section section of the second section sec		Organizatio	onal Unit:	· <del></del>		
* Legal Name: Eskaton Prope	erties, Inc.			Department:				
* Organizational DUNS:	6215063	10		Division:		-		
Address:							to be contacted on matte	rs involving
* Street1: 5105 Manzanita Ave	nue				on (give area			
Street2:				Prefix:		irst Name:	Raymond	
* City: Carmichael	С	ounty Sacrame	nto	Middle Name	e: W.			
Control of the Contro			STATE OF THE PARTY SEEDS	* Last Name	: Gee			
			try / USA)	Suffix:	*	Email: ray@	eskaton.org)	
6.* EMPLOYER IDENTIFICATION NUMBER (EIN):			* Phone Num	ber (give are	a code) F	Fax Number (give area co	de)	
94-2906316			- Indiana	(916) 334-08			916) 338-1248	
8. TYPE OF APPLICATION:  V New Continuati	on	STATE CLE	ARING HOUSE	7. * TYPE OI		T: zation (Oth	ner than Institution of F	
If Revision, enter appropriate letter	(s) in box(e	s)						
A. Increase Award B. Decrease Award C. Increase Duration				9. * NAME C	F FEDERAL	AGENCY:		
D. Decrease Duration Other (specify):				US Departme	ent of Housing	g and Urban I	Development	
10. CATALOG OF FEDERAL DO	MESTIC A	SSISTANCE	14.157	11. * DESCR	RIPTIVE TITL	E OF APPLI	CANT'S PROJECT:	
TITLE: Supportive Housing for the	Elderly			Section 202	Supportive H	lousing for th	e Elderly Program	
42 * ADEAC AFFECTED DV DD	) IECT	(C# C# C4-4	. 1.	(Section 20)	2 Program)	-		
12. * AREAS AFFECTED BY PRO		(Cities, Counties, States, etc.	;,; ]					
Dos Palos; Merced County; Califo	ппа							
13. * PROPOSED PROJECT:				14. * CONGI	RESSIONAL	DISTRICTS	OF:	
* Start Date		* Ending Date		* a. Applicar	nt		* b. Project	-
03/01/2007		12/01/2007		3			18th	
15. * ESTIMATED FUNDING:		-		16. IS APPL	ICATION SU	BJECT TO R	EVIEW BY STATE EXEC	UTIVE
* a. Federal	\$	2,968,000	.00		72 PROCESS		ATION MAG 144 DE 11/14/1	
* b. Applicant	\$	10,000	.00	1.			CATION WAS MADE AVAILA PROCESS FOR REVIEW O	
* c. State	\$	0	.00	✓ Y	'ES DATE	05/13/	2005	
* d. Local	\$	200,000	.00	b F	ROGRAM IS N	NOT COVERE	D BY E.O. 12372	
* e. Other	\$	0	.00		R PROGRAM	HAS NOT BE	EN SELECTED BY STATE	FOR REVIEW
* f. Program Income	\$	0	.00	17. IS THE A	APPLICANT I	DELINQUEN.	TON ANY FEDERAL DE	BT?
g. TOTAL	\$	3 178,000	00	Yes	If "Yes," atta	ach an explar	nation.	✓ No
18. * TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT								ED BY THE
a. Authorized Prefix:  Representative * Last Name:	Gee.	First Name: Ray	ymond		Middle N		Suffix:	
* b. Title: Director of Developmen			* c. Tele	phone Number	(give area co		334-0810	
* Email: ray@eskaton.org				nber (give area	,,,	, F.,	338-1248	
d. Signature of Authorized Represe	entative:	Complete	ed on submission to		·		pleted on submission to C	Frants dov
		Complete	on caomiculum to		J. 2410 0		FILLOW ON GUDINIOSION IO	~. anta.gov

Version 9/03

OMB API Jval No. 0348-0043

APPLICATION FOR FEDER	RAL ASSISTANCE	2. Date Submitted		Applicant Identifier
1. Type of Submission:		3. Date Rec'd by State		State Application Identifier
Aunliantian Presun	lication			-
Construction C  X Nonconstruction N	Construction In CEIVE	Dute Rec'd by Feder	ral	Federal Identifier
5. Applicant Information:	JUN 01 2005	1 1		
			ssistance	
(give city, county, state, and zip co	de) STATE CLEARING HC	INSmeland telephone of	person to be cont	acted on matters
(give city, county, state, and zip co	STATE CLEANING HO	involving this applicati	on (give area code	E);
1001 I Street, Sacran	sento Ourty	Darrin Polhemus	( (6.12 - 1.1.	
Sacramento, Californ	<del>-</del>	(916) 341-5694		•
6. Employer Identification Numbe	r (EIN): 68~-0281986	7. Type of Applicant:		
		A. State	-	ent School District
6. DUNS Number: 80832191	3	B. County	I. State Insti	tute of Higher Learning
8. Type of Application:		C. Municipal	J. Private Ur	
X New Revision	_ Continuation	D. Township	K. Indian Tr	
If Revision, enter appropriate letter	(s):	E. Interstate	L. Individua	
A. Increase Award B.		F. Intermunicipal		
C. Increase Duration D.	Decrease Duration	G. Special District	N. Other (sp	ecify)
Other (specify)				
		9. Name of Federal Ag		
10. Catalog of Federal Domestic /	Assistance Number	U. S. En	vironmental Protec	ction Agency
66.458				
Title: Capitalization Grants	s for State Revolving Funds	11. Descriptive Title of	f Applicant's Proje	ect:
	C	,		
		To achieve statewide e	ompliance with w	ater quality objectives.
12. Area Affected by Project:		1		
(cities, counties, states, etc.)				
California				
13. Proposed Project:		7		
	d Date	14. Congressional Dis	trict of:	
6/1/2005	6/30/2015	Applicant:		
,,,,, <u>,</u> ,,,,		3	California - A	411
15. ESTIMATED FUNDING:		16. Is the application :		
To Lorin Library City Live		Executive Order (EO)		•
a. Federal	\$82,745,541	a. YES: X T		capplication was made
b. Applicant	\$0		to the State EO 1	
c. State	\$16,549,108	review o		
d. Local	\$10,549,108	1671674 0	Date: June l	. 2005
e. Other	\$0	b. NO:		ered hy E() # 12372
			_	en selected by the
f. Program Income	\$0		rogram has not be tate for review.	ch actedied by the
. 7932.4 (	±00 204 240	17. Is the applicant de		ederal debt')
g. TOTAL	\$99,294,649	1		
		VES, attach ex	pianation	_X NO
·				
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, ALL D	ATA IN THIS APPLIC	ATION/PREAPPI	JCATION ARE
18. TO THE BEST OF MY KNO TRUE AND CORRECT, THE DO				
TRUE AND CORRECT, THE DO	CUMENT HAS BEEN DULY A	UTHORIZED BY THE	GOVERNING BO	DARD OF THE
TRUE AND CORRECT, THE DO APPLICANT, AND THE APPLIC	CUMENT HAS BEEN DULY A	UTHORIZED BY THE	GOVERNING BO	DARD OF THE
TRUE AND CORRECT, THE DO APPLICANT, AND THE APPLIC IS AWARDED.	CUMENT HAS BEEN DULY A ANT WILL COMPLY WITH TH	UTHORIZED BY THE IB ATTACHED ASSUR	GOVERNING BO	OARD OF THE ASSISTANCE
TRUE AND CORRECT, THE DO APPLICANT, AND THE APPLIC IS AWARDED.  a. Typed Name of Authorized Rep	CUMENT HAS BEEN DULY A ANT WILL COMPLY WITH TH	UTHORIZED BY THE HE ATTACHED ASSUR  b. Title:	GOVERNING BO RANCES IF THE .	DARD OF THE ASSISTANCE c. Telephone Number
TRUE AND CORRECT, THE DO APPLICANT, AND THE APPLIC IS AWARDED.	CUMENT HAS BEEN DULY A ANT WILL COMPLY WITH TH	UTHORIZED BY THE HE ATTACHED ASSUR  b. Title:	GOVERNING BO	OARD OF THE ASSISTANCE
TRUE AND CORRECT, THE DO APPLICANT, AND THE APPLIC IS AWARDED.  a. Typed Name of Authorized Rep Celeste Cantú	CUMENT HAS BEEN DULY ACANT WILL. COMPLY WITH THE	UTHORIZED BY THE HE ATTACHED ASSUR  b. Title:	GOVERNING BO RANCES IF THE .	c. Telephone Number (916) 341-5615
TRUE AND CORRECT, THE DO APPLICANT, AND THE APPLIC IS AWARDED.  a. Typed Name of Authorized Rep	CUMENT HAS BEEN DULY ACANT WILL. COMPLY WITH THE	UTHORIZED BY THE HE ATTACHED ASSUR  b. Title:	GOVERNING BO RANCES IF THE .	DARD OF THE ASSISTANCE c. Telephone Number

APPLICATION FOR	_	2 DATE CUDMITTED			Version 7/0
FEDERAL ASSISTANCE		<b>2. DATE SUBMITTED</b> May 30, 2005		Applicant Ider	nutier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENC	Y Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION					
Legal Name:			Organizational U	nit:	·····
Yuba-Sutter Economic Develop	ment Corporation		Department.		
Organizational DUNS: 120321596			Division:		
Address:					rson to be contacted on matters
Street: 1227 Bridge Street, Suite C			Prefix:	plication (give are First Name:	a code)
Oib.u			Mr.	Tim	
City: Yuba City			Middle Name		11/4
County: Sutter			Last Name Johnson		1 200
State: California	Zip Code 95991		Suffix:		STATE
California Country:	95991		Email:		STATE CLEARING HO
U.S.			tjohnson@ysedc.		The state of the s
6. EMPLOYER IDENTIFICATION	_		Phone Number (g	ve area code)	Fax Number (give area code)
68-0342145			530-751-8555		530-751-8515
8. TYPE OF APPLICATION:	process,		7. TYPE OF APP	LICANT: (See bac	k of form for Application Types)
If Revision, enter appropriate let		n 🔲 Revision	O. Not for profit or	ganization	
(See back of form for description	of letters.)	· ·	Other (specify)		
Other (specify)			9 NAME OF FED	ERAL AGENCY:	
Other (specify)					on, Department of Commerce
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIV	TITLE OF APPLI	CANT'S PROJECT:
		11-302	Sec. 203 Grants	or Planning and Ad	ministrative Expenses
TITLE (Name of Program): Economic Development - Supp	ort for Planning Organiza	ations	· ·		
12. AREAS AFFECTED BY PR					
Sutter and Yuba counties of Ca	lifornia				
13. PROPOSED PROJECT				ONAL DISTRICTS	
Start Date: October 1, 2005	Ending Date: September 30, 2006	<b>.</b>	a. Applicant District 2		b. Project District 2
15. ESTIMATED FUNDING:	Coptombol ou, 2000	,		ION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372 PR	OCESS?	WADDI ICATIONI WAS MADE
		50,000	a. Yes. 🛭 AVAII	ABLE TO THE ST	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		50,000	PROC	CESS FOR REVIEW	V ON
c. State \$			DATE	: May 30, 2005	
d. Local \$		00	PROC	RAM IS NOT COV	'ERED BY E. O. 12372
	MANAGEMENT		D. NO.		
e. Other \$		•		ROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$		.00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$		100.000	☐ Yes If "Yes" at	tach an explanation	. <b>2</b> No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF				
DOCUMENT HAS BEEN DULY	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY OF</b>			
ATTACHED ASSURANCES IF  a. Authorized Representative	THE ASSISTANCE IS A	WARDED.			
Prefix Mr.	First Name Tim		Mic	Idle Name	
Last Name	1		Sut	fix	
Johnson b. Title				elephone Number	(give area code)
Executive Director			53	0-751-8555	(Alive alea cone)
d. Signature of Authorized Repre	esentative		e. [ Ma	Date Signed ay 30, 2005	
Previous Edition Usable					Standard Form 424 (Rev.9-2003)
Authorized for Local/Reproduction	on				Prescribed by OMB Circular A-102